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ABSTRACT

The Community Mental Health Workers Project is a 5-year community-based staff-demonstration study designed to develop, train, utilize, compare, and evaluate the effectiveness of three new types of middle level workers for community mental health programs. The three levels of workers are classified as: (1) an aide who will be an indigenous member of the community and whose function will be to provide various services to the patient and his family, (2) representative who will have a minimum formal education of a bachelor's degree and who will serve as a community expeditor and promote mental health programs, and (3) technician who will have completed an associate degree program and who will assist the center's staff by performing various ancillary functions. This publication consists of a series of reports providing ongoing information about the development of the project. The first report provides a synopsis of the program and discussion of the implementation of the programs, while the remaining reports are devoted to the development of role descriptions for the three new types of workers and the recruitment and selection of the technician, assistant, and representative trainees. (SB)

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REPORT NUMBER I

January 1971

Community Mental Health Workers Project

PROJECT SYNOPSIS

AND

INITIAL IMPLEMENTATION

MANPOWER FOR MENTAL HEALTH

VT020353

KENTUCKY MENTAL HEALTH MANPOWER COMMISSION

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FORWARD

The Community Mental Health Workers Project of the Kentucky Mental Health Manpower Commission is financially supported by a five-year research grant, Number 16420, with the National Institute of Mental Health's Applied Research Branch. Also, additional funding is being provided by the Kentucky Department of Mental Health.

This project is being conducted by the Manpower Commission in cooperation with the Kentucky Department of Mental Health, the Jefferson Community College, the Somerset Community College, the Comprehensive Care Center of the Lake Cumberland Regional MH-MR Board, the Comprehensive Care Center of the North Central Regional MH-MR Board, and the Waverly Mental Health Center and West Central Louisville Mental Health Center of the Kentucky Region Eight MH-MR Board.

The project is designed to develop, train, utilize, compare and evaluate the effectiveness of three new and distinct types of middle level workers for community mental health programs. While it has been demonstrated that there are various types of middle level workers who can function in mental health programs, no one has comparatively ascertained the value of each. One of the most significant contributions of this project is that for the first time an orderly comparative study will be made of the training and use of multiple types of middle level mental health workers.

This report is one of a series designed to provide ongoing information on the development of the Community Mental Health Workers Project. The frequency of these reports will coincide with the various phases of the project. Any questions or suggestions concerning the project should be addressed to:

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INTPODUCTION

In view of new and increasing emphasis on community mental health and a corresponding rise in the demand for more and better personnel to staff expanding programs of the health, education, and welfare field, the Kentucky Mental Health Manpower Commission (as part of its personnel research program) devoted two years to a detailed study of the feasibility for a staffing demonstration experimental project designed to evaluate the need and test the potential for using new types of community mental health workers. With financial support from the Kentucky Department of Mental Health, the Commission explored possibilities for new types of community mental health workers and investigated projects of others designed to develop new categories of personnel for similar programs. Researching the literature, consulting with representatives of various mental health programs, and corresponding with several interested individuals and agencies revealed that considerable activity is occurring in the broad area of training and using new types of mental health workers. Recognizing that mental health programs cannot wait for professionals who are not and simply will never be available, many agencies and organizations are accepting the fact that individuals possessing less than complete professional training can serve an important role in the provision of psychiatric treatment and care.

Accordingly, in May of 1968, the Kentucky Mental Health Manpower Commission submitted a research grant application to the Applied Research Branch of the National Institute of Mental Health setting forth a proposed study entitled "Community Mental Health Workers Demonstration Project." The grant request suggested several methods of training new types of workers and many degrees of utilization which should be carefully explored and comparatively evaluated to determine the advantages and disadvantages of each as a means for alleviating or minimizing shortages of professional personnel in community mental health programs. The Commission suggested that there are at least three identifiable types of "subprofessionals" who can be trained to perform some of the traditionally assigned duties and responsibilities of professional staff and other services which are not currently being provided. The proposed project included the determining of functions and responsibilities to be assigned to the three types of workers, the development of selection criteria, the establishment of training programs, the evaluation of work performance, and the reporting of data and significant recommendations. On July 1, 1969, the Commission was informed that its grant request had been approved.

This report provides a synopsis of the research plan followed by information concerning the initial implementation of the project. Information contained in the synopsis was extracted from the Commission's grant request proposal.

RESEARCH PLAN

A. Project Background:

The importance of developing community support for and participation in mental health programs is being recognized increasingly by the various aspects of our society. Realizing that the mentally disturbed can be treated more effectively and can be returned to society much sooner if taken care of in their community, Kentucky has accepted the challenge of providing for the needs of the mentally ill and mentally retarded of its population by committing its resources to the community mental health movement. Therefore, Kentucky is actively supporting the implementation of progressive and dynamic mental health programs through a new framework of community services. This new concept will replace patchwork efforts of public and private resources by providing an interdependent functioning entity within and among communities.

Unfortunately, mental health programs have always been faced with the very basic problem of how to staff new or expanding services and facilities. Now, the community mental health programs will compound the staffing shortages. There is also the realization that, regardless of how responsive the public is to the mental health needs of a community and no matter how well the services are financed nor how modern the facilities are, the program cannot exist without adequate and capable personnel.

Personnel shortages in the mental health field are well known and documented. Recognized authorities have often maintained that the most frequent and frustrating problem restricting the providing of services is the manpower shortage. Work of the Joint Commission on Mental Illness and Health's Task Force on Manpower, the National Institute of Mental Health's Manpower and Training Division, the Southern Regional Education Board's Mental Health Training and Research Program, the various national professional associations and the numerous state and private agencies and individuals have called attention to the need for all types of personnel in every aspect of the mental health field.

Current manpower shortages and problems will become even more serious when new and expanding health, welfare, and education programs become fully operational. Recently established medical assistance, community action, educational opportunity and regional development programs will increase personnel requirements. In addition, the growing trend among private insurance companies and union organizations to increase their coverage for psychiatric illnesses will further tax the supply of mental health personnel. Mental health programs will be thrust into recruitment and training competition beyond that which has been experienced or can be comprehended. Therefore, the mental health field will have to make unprecedented efforts in these areas if it is to meet current obligations and also provide comprehensive community mental health services.

Extension of mental health services into the community will require personnel with knowledge and training different from that possessed by personnel in current programs. Changes in the operational base of programs and the new types of services will create a demand for different kinds and numbers of personnel. Many workers who function in welfare, education and employment services, general medicine, public health, the courts and other related fields will play an increased role in the community mental health program. In addition to providing treatment, community mental health personnel will be consulting with community agencies, working with vocational and rehabilitation services, performing pre-care and placement visits and supporting a wide variety of related and similar activities designed to increase and improve patient care. Also, there will continue to be an expanding need for the currently functioning core professionals.

No matter how fast current training programs are expanded and revised, they are not going to meet manpower needs. Training has not kept pace with rising demands and is falling further behind each year. If present methods of recruitment and training are continued, there simply will not be sufficient professional personnel required for providing community mental health services. While efforts must be continued to improve and increase the training of professional mental health personnel, attention must also focus on the specific possibilities of staffing mental health programs with new types of workers.

The emphasis on community mental health programs will require new categories of personnel who are capable of working independently in the community. New approaches to treatment and services will make it possible to establish and use levels of workers with less than the complete professional training of the physician, psychologist, social worker and nurse. Proposed new levels of workers will not replace or take duties and responsibilities away from the professionals, but they will make it possible for the professionals to provide more and better services by improving the use of their time and abilities. In view of the expansion of community programs, the Manpower Commission is of the opinion that shortages of personnel to adequately staff community and institutional mental health programs will become even more acute. The meeting of these staffing needs appears to be highly unlikely when we realize that doubling the numbers of educational programs, training facilities and graduates in the core disciplines of psychiatry, psychology, psychiatric social work and psychiatric nursing would not fulfill current projected manpower requirements.

While recognizing the importance of expanding training programs for psychiatrists, psychologists, social workers and nurses and the necessity of increasing the knowledge of community care givers in mental health practices, the Kentucky Mental Health Manpower Commission believes that another method of improving the quantity and quality of mental health personnel has not been fully explored and developed. This area is the training and utilization of new levels of mental health workers.

Therefore, the Kentucky Mental Health Manpower Commission believes that there are several methods of training and many degrees of utilization which should be carefully explored and comparatively evaluated to determine the advantages and disadvantages of each as a means of alleviating or minimizing the shortage of professional personnel in community mental health programs. The Commission is advancing the hypothesis that there are at least three identifiable levels of nonprofessionals who can be trained to perform some of the traditionally assigned duties and responsibilities of the professional staff and other services which are not currently being provided. Accordingly, the Commission is conducting a five-year community based mental health worker study designed to evaluate different levels of training and utilization for community mental health workers. Three distinct methods for training these categories of personnel are proposed. Functions and responsibilities to be assigned to the three levels will be determined. Selection criteria will be identified and supervisory methods will be constructed. In conducting the study, the Commission will analyze and evaluate work performance and significant factors which contribute to the success or failure of the proposed levels of workers.

B. Specific Aims Of Project:

Specifically, the Commission proposes the training and use of the three following types of community mental health workers. The first level can be classified as an aide and will be an indigenous member of the community whose function will be to provide various services to the patient and his family. He or she will be a mature person who has completed high school and who has a known background of participation in community activities such as church, school, civic organizations, etc. and will have demonstrated an interest in working with people. The aide will receive four months of intensive training, including classroom courses and practical experience, in such areas as recognizing symptoms of mental illness, general knowledge of psychotropic drugs and their reactions, understanding and working with the mentally ill and retarded and their families and roles of community social welfare agencies. The second level can be categorized as a representative and will be an individual with a minimum formal education of a bachelor's degree, preferably with a major in one of the social sciences. The representative will serve as a community expeditor and promote mental health programs among community agencies and organizations. This person will also be indigenous to the locality, recognized as an active community leader and have the ability to work diplomatically with the individuals and agencies in the community. Special job training for the representative will include two months of orientation and study of general concepts of mental illness, prevention and education, community organization and programs specifically related to mental health services. A third level of worker might be classified as a technician and will be a community-associated individual. The technician will assist the center's staff by performing various ancillary functions. Training will consist of completion of an associate of arts program in a junior college, college

or university with special curriculum attention devoted to mental health, case work, psychological testing, group work, record keeping, etc. The technician's preparation will include an internship during the summer months between the two academic years and closely supervised guidance during the first three months of employment.

The mental health worker project is a five-year community based staff-demonstration study designed to establish and evaluate three new types of workers who can function in community mental health programs. The mental health worker project will achieve the following specific aims:

a) Duties that can be performed and responsibilities that can be assumed by the three new types of community mental health workers (aides, representatives and technicians) will be ascertained by a cooperative effort of the Manpower Commission, Kentucky Department of Mental Health, community mental health programs and other related organizations and individuals.

b) Significant recruitment methods and selection procedures will be identified, tested and evaluated throughout the project.

c) A two-year associate of arts degree curriculum, a four-month training course and a six-week orientation program will be developed and administered jointly by the Manpower Commission, state and local mental health agencies, universities and colleges.

d) Work performance and operational effectiveness of the three levels of workers will be evaluated and reported to all interested and concerned individuals and organizations.

The project is based upon several basic assumptions which will be tested by the study. First, it is assumed that there are duties and responsibilities currently assigned to professionals in community mental health programs which can be performed by personnel with less training and/or experience. Second, these duties and responsibilities and possibly others which are not being accomplished at this time can be categorized and assigned in a spectrum that will enable their performance by personnel in three different job classifications. Third, there exists a source of people within the areas in which the community mental health programs are located that can be recruited and trained to perform functions and assume responsibilities of the three new levels of mental health workers. Fourth, a continuum of education and training can be developed which will qualify personnel to fulfill duties of the three types of positions. Fifth, an evaluation of work performance can be made to determine the comparative value of each level of worker in the various community mental health settings.

C. Methods Of Procedure:

The starting date of the project was June 1969, and the study is scheduled for conclusion by December 1974. The following procedures are chronological steps for accomplishment of the project's specific aims. While they are presented as separate phases, they are not to be construed as independent activities; each is related to all others and all are interdependent.

a) From now until September 1970, the Manpower Commission will continue planning with representatives of mental health agencies on the state and local level, educational institutions, and professional associations. Central office staff will be employed. An advisory committee and several task forces will be appointed. Consultative services will be acquired. The selection will be made of educational programs, community mental health centers and in-service training facilities. Position descriptions and job classifications will be completed. Curriculum content for the associate of arts degree program will be developed. Evaluation procedures and measurement devices will be prepared and implemented. Recruitment procedures and selection criteria for the mental health workers will be finalized and associate of arts degree trainees will be selected.

b) In September 1970, the technician trainees will begin the two-year associate of arts degree program. While this training will be the responsibility of the education institution, the Commission's staff will be in constant contact with the faculty and students for control and evaluative purposes. The summer internship program for the technicians will be developed.

c) During June 1971 and August 1971, the technicians will serve a three-month internship in mental health programs. Field liaison staff will be employed, oriented and trained.

d) From September 1971 to February 1972, the training program for aides and the orientation program for representatives will be developed and finalized. Recruitment of aides and representatives will begin and selection will be made.

e) In March 1972, aide trainees will begin their four-month training program.

f) In May 1972, representative trainees will begin their six week orientation program.

g) From July 1972 to June 1974, the three types of mental health workers will perform duties and assume responsibilities in the community mental health centers. Workers will be under

the control, direction and supervision of the professional staff of the specific center. The Manpower Commission staff will collect data, analyze results and evaluate the effectiveness of the three levels of mental health workers.

h) From July 1974 to December 1974, final evaluation and reporting will be accomplished by the Manpower Commission staff.

D. Significance of Research.

Of major importance is the fact that the mental health workers will provide needed staff for programs which simply do not have available manpower sources from which they can recruit. Selecting and training personnel indigenous to the localities of the mental health programs will strike directly at the problems of distribution, mobility and turnover which are seriously affecting the staffing of all mental health services. Also, mental health workers selected from the cultural and social society from which patients come should enhance the workers' ability to establish a better relationship with patients than that which exists now between patients and professional staff.

In determining job duties and responsibilities that can be assigned to new categories of workers, the project will analyze the staff operational effectiveness of community mental health programs. In addition to the creation of new worker classifications, the study will improve the effectiveness and value of current professional staff. Developing improved personnel selection criteria, training programs and utilization procedures will contribute uniquely to improved mental health personnel programs.

Perhaps the most significant contribution of the proposed project is that for the first time an orderly comparative study will be made of the training and use of multiple levels of mental health workers. While it has been demonstrated that there are various types of mental health workers who can function in community mental health programs, no one has comparatively ascertained the value of each in relationship to the cost of selection, training and performance. This study will provide mental health program directors with information that can be used to evaluate specific personnel requirements and make decisions based upon available financial and manpower resources; the net result will be that community mental health programs will be better equipped to obtain the best possible return from their personnel budget.

By improving the staffing of community programs, the mental health worker project will make the provision of mental health services a more realistic goal. The study will enhance the coordination of community mental health programs with other related local agencies and make possible the effective and efficient delivery of total comprehensive services to patients or clients. Although not directly dependent upon the project, one effect of the improved staffing will be that many mental

patients no longer will have to be shuffled off to distant mental institutions; those who are will be returned to and integrated in the community much sooner. Successful community mental health programs will result in a greater emphasis on the prevention of mental illness and mental retardation.

E. Facilities Available:

Facilities and equipment of the Kentucky Mental Health Manpower Commission will be available for purposes of planning and administering the proposed project. Facilities of the Kentucky Department of Mental Health, including four hospitals for the mentally ill and two schools for the mentally retarded, will be available for training purposes. Classrooms, laboratories, wards and other units in the Department's institutions which will be needed for in-service education and orientation programs will be utilized by the Manpower Commission. Community mental health centers chosen for participation in the project will provide facilities and equipment for use in training workers. The centers will also provide needed facilities, furniture and equipment required for the workers during their work performance placement.

F. Collaboration:

The principal contributors to and resources behind development of the mental health worker project have been and will be the Kentucky Mental Health Manpower Commission and the Kentucky Department of Mental Health. Other state and local mental health programs, related service agencies, educational institutions and professional associations will play a vital role in the study.

Leadership in administration of the mental health worker project will be provided by the Kentucky Mental Health Manpower Commission. As such, the Commission will utilize the knowledge and experience of its members who are recognized state authorities or leaders in the areas of mental health, education and related fields. In providing overall direction of the project, the Commission will monitor the study as a major aspect of its mental health manpower research-demonstration program. Because its sole interest and concern is mental health manpower; because it has devoted considerable time and effort to investigating the broad area of new levels of mental health workers; because it has well established contacts with state and local mental health agencies, educational institutions and professional associations, the Kentucky Mental Health Manpower Commission is uniquely equipped to direct the mental health worker project.

The Kentucky Department of Mental Health's programs, personnel, and other resources will contribute to the proposed project. The Department's Divisions of Planning, of Training, of Research and of Regional

Services will assist by providing direct services, consultation and financial support. The staff in these areas will contribute time and advice (as they have in planning of the study). Eight regional community mental health boards and their centers will be directly involved in the project. Four of the centers will be study units and four will serve as control areas. Staff of the boards and centers will assist in continued planning of the project; these facilities and staffs will be used throughout the study. Training, orientation, work assignments, supervision and evaluation will take place in the regional centers.

G. Evaluation:

As the overall purpose of any evaluation is to determine what is taking place and how effectively the effort is in attaining its goals, the assessment of procedures, various aspects of the project and resulting experiences determine whether similar activities should be implemented, modified or expanded. Accordingly, if this staffing demonstration project is to provide results which will assist community mental health programs in the making of decisions on the employment of new types of personnel and if such workers are to be effectively utilized, an evaluation program that measures data resulting from project activities and provides the basis for a systematic reporting on the nature and outcome of the study is a crucial element. Therefore, the Community Mental Health Workers Demonstration Project will include a complete program of data collection, analysis and evaluation designed to measure the study's success in accomplishing its basic objective of ascertaining the role and value of the three new levels of community mental health workers.

In this project, there are two specific areas of major evaluation. Of significant importance will be the determining of what effect the new workers have on the operation of community mental health centers and the quantity and quality of services that are rendered by the agencies. The most important and relevant considerations will be the workers' performance, changes that take place in them personally, reaction of the other center staff, reception of the community and acceptance by the patients. Accordingly, the project's evaluation will utilize two basic approaches for assessing the workers' training, effectiveness and contribution. One method will contrast the operation of centers in which the new types of workers are assigned to other centers which do not have the three levels of personnel. A second method will consist of an objective evaluation and comparison of the training, utilization, performance, acceptance and similar factors relating to the three types of workers.

Results from the evaluation program's two basic approaches will be compiled by the project staff in making a final determination on the study's success in accomplishing the specified goals. The effectiveness and value of the three types of community mental health workers will be considered and compared in relationship to the cost of selection, training and required supervision. Such a comparison will equip the project staff to make recommendations to mental health program directors on how

they can best utilize available financial and manpower resources so that they can obtain the greatest possible return from their personnel budget.

Throughout the entire development, planning and administration of the evaluation program, the project staff will utilize the knowledge and experience of authorities from the fields of mental health, education, training and other related areas who will serve as a task force to advise and assist on this aspect of the study. Also, the staff will acquire consultative help from representatives of psychology, behavioral science, social service, nursing and similar fields.

H. Reporting:

During the entire mental health worker project's evaluation program, information will be collected, data will be analyzed and results will be evaluated. Findings and implications will be reported in part during the study and totally upon its completion. Information will be collected and reported on such areas of the project as selection, training, job performance and operational effectiveness and efficiency of the various levels of mental health workers. Recommendations for modification of the education, training and orientation programs will be an integral part of the project's reporting.

Utilizing results of the study, the project staff will make suggestions and recommendations to the Kentucky Department of Mental Health, its hospitals and regional community mental health centers and clinics regarding effective and efficient recruitment, training and utilization of new levels of mental health workers. Specifically, these recommendations will pertain to recruitment methods, training procedures and costs, job performance and efficiency, and availability, mobility and retention of personnel.

Appropriate reporting and recommendations will be made to educational institutions. Results will be made available to others who have an interest in the area through presentations at professional meetings and publications in professional journals.

INITIAL IMPLEMENTATION

Upon notification from the National Institute of Mental Health that the Community Mental Health Workers Project had been approved and funded, the Commission staff began focusing its efforts on the critical needs in planning and implementing the study. Those tasks requiring immediate attention were the selecting of experimental centers, the selecting of colleges to provide the educational program for the technician trainees, the appointing of an advisory committee and task forces, and the acquiring of consultative services.

Experimental Centers

All community mental health programs in Kentucky were informed of the funding of the project. Each was sent a copy of the synopsis and asked to review it and let us know if they would like to explore the possibility of their center participating in the study. As a result, sessions were held with professional staffs and lay board members of eleven community centers. After detailed consideration, the four experimental centers were selected and agreed to participate in the project. Four control centers, matched as closely as possible to the experimental centers, will be selected prior to the entry of the trainees into the work phase of the project in May 1972.

The four experimental centers are: the Comprehensive Care Center of the Lake Cumberland Regional MH-MR Board, Somerset, Kentucky, the Comprehensive Care Center of the North Central Regional MH-MR Board, Elizabethtown, Kentucky, and the Waverly Mental Health Center and the West Central Louisville Mental Health Center of the Kentucky Region Eight MH-MR Board, Louisville, Kentucky. In terms of population served, the programs selected to participate are representative of several different kinds of centers. One serves basically a rural population, one with its main office in an urban area serves both urban and rural, one serves a suburban area and the other, the intercity of a metropolitan area.

Participating Colleges

Several sessions were held with the Dean of the Community College System at the University of Kentucky and the Directors of five community colleges. As a result of these meetings and in consideration of the experimental centers selected, two community colleges are participating in

training the Community Mental Health Technician. They are the Somerset Community College in Somerset, Kentucky and the Jefferson Community College in Louisville, Kentucky. The possibility of using the Elizabethtown Community College as a third participating college was seriously considered. However, due to the close proximity of Elizabethtown to Louisville and in evaluating the feasibility of developing a program for three as opposed to two colleges, it was decided to train the technicians for the Elizabethtown Center at Jefferson along with those for Waverly and West Central.

Advisory Committee and Task Forces

As the project's success will depend upon the support and contribution of various local and state programs and institutions, the Manpower Commission has appointed representatives from several agencies and organizations to serve on an Advisory Committee and as members of task forces that will assist in planning, implementing, and administering the Community Mental Health Workers Demonstration Project. The three established task forces are concerning themselves with problems pertaining to the areas of classification, recruitment, and selection; education and training; and placement, supervision, and evaluation. The three groups are composed of twenty-seven individuals representing community mental health programs, community colleges, the University of Kentucky's School of Allied Health, and the State Departments of Mental Health, Health, and Personnel. Serving on these task forces are individuals from the fields of psychiatry, psychology, social work, and nursing. Also, such program components of the community mental health centers as day care, children's services, alcoholism, and others are represented. The task force memberships are representative in that they are composed of persons involved in the daily operation of programs as well as those who are responsible for policy making and overall direction. A list of the task forces and their membership is attached to this report.

Consultants

The Commission's project staff has acquired consultative services from various personnel to assist in the study. Members of the task forces and the staff convened for a two-day workshop in December 1969 designed to supply information on similar programs and to provide recommendations and suggestions for implementation of the study. Dr. Myrna Kassel, Director of the Illinois Human Services Manpower Career Center, provided background information on recent developmental activities designed to establish a career ladder program in the Illinois Department of Mental Health. Dr. Robert Reiff, Associate Professor and Director of the Albert Einstein College of Medicine's Division of Psychology, discussed important considerations related to the training and utilization of indigenous non-professionals. Dr. John True, Director of the Purdue University Associate Degree

Program in Mental Health, reviewed the establishment and operation of his program and commented on curriculum content of the course which is now in its fifth year.

After the workshop's session which was designed primarily to provide information and background materials, the consultants addressed themselves to specific areas of concern corresponding to the three established task forces. They noted problems which they believed the Commission staff will encounter and offered recommendations on specific aspects of the study. Drs. Kassel, Reiff, and True then met individually with the three task forces to consider problems needing immediate attention. After a brief summary session by Dr. Ralph Tesseneer, Principal Investigator for the project, the task forces' members had an opportunity to question the consultants on a number of particularly vital areas of concern.

In April 1970, the project staff met with representatives of the experimental centers to discuss the developing of role descriptions for the mental health workers. At that time, Dr. Robert Teare was brought in to provide consultation in this area. Dr. Teare of the Management Department of the University of Georgia, is an industrial psychologist with considerable experience and research in the area of job analysis, especially in the mental health field.

The project also has been discussed with and advice received from staff members of the Southern Regional Education Board; Dr. Lester Lebo and Elizabeth Madore, former staff members of the Dona Ana Mental Health Worker Project in New Mexico; North Carolina Department of Mental Health's Career Ladder Program staff members; and other individuals throughout the nation participating in programs relating to the Community Mental Health Workers Demonstration Project.

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COMMUNITY MENTAL HEALTH WORKER PROJECT

"Advisory Committee And Task Forces"

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REPORT NUMBER II

February 1971

Community Mental Health Workers Project

ROLE DEVELOPMENT

KENTUCKY MENTAL HEALTH MANPOWER COMMISSION

FORWARD

The Community Mental Health Workers Project of the Kentucky Mental Health Manpower Commission is financially supported by a five-year research grant, Number 16420, with the National Institute of Mental Health's Applied Research Branch. Also, additional funding is being provided by the Kentucky Department of Mental Health.

This project is being conducted by the Manpower Commission in cooperation with the Kentucky Department of Mental Health, the Jefferson Community College, the Somerset Community College, the Comprehensive Care Center of the Lake Cumberland Regional MH-MR Board, the Comprehensive Care Center of the North Central Regional MH-MR Board, and the Waverly Mental Health Center and West Central Louisville Mental Health Center of the Kentucky Region Eight MH-MR Board.

The project is designed to develop, train, utilize, compare and evaluate the effectiveness of three new and distinct types of middle level workers for community mental health programs. While it has been demonstrated that there are various types of middle level workers who can function in mental health programs, no one has comparatively ascertained the value of each. One of the most significant contributions of this project is that for the first time an orderly comparative study will be made of the training and use of multiple types of middle level mental health workers.

This report is one of a series designed to provide ongoing information on the development of the Community Mental Health Workers Project. The frequency of these reports will coincide with the various phases of the project. Any questions or suggestions concerning the project should be addressed to:

Kentucky Mental Health Manpower Commission
P.O. Box 22234
7320 LaGrange Road
Louisville, Kentucky 40222

INTRODUCTION

The value of middle level mental health workers has been attested to in several research and demonstration projects. For example, new types of workers have made it possible for existing professional staff to provide more and better services by improving the use of their time and abilities. Also, new types of workers have enabled mental health programs to provide new services and to bridge gaps in the delivery of care for the mentally disturbed. In addition, and possibly the most significant accomplishment, is that the new workers possess abilities and qualities which enable them to perform certain tasks as well as, and in a number of cases better than, professionally trained personnel.

The Kentucky Mental Health Manpower Commission believes that there are several methods of utilizing middle level workers which should be carefully analyzed and comparatively evaluated to determine the value and effectiveness of each as a means for improving the delivery of services by community mental health programs and at the same time alleviating or minimizing the shortage of professional personnel. The Commission is advancing the hypothesis that there are at least three identifiable types of new workers who can perform some of the traditionally assigned duties and responsibilities of professional staffs as well as other tasks which are not being accomplished due to shortage of personnel. In order to test this hypothesis, the Commission, with cooperation from community mental health programs, community colleges, and other state and local agencies, is conducting the Community Mental Health Workers Project.

Two of several assumptions upon which the project is based have particular significance in the development of role descriptions for the three new types of workers. First, it is assumed that there are duties and responsibilities currently assigned to professionals in community mental health programs which can be performed by personnel with less training and/or experience. Second, these duties and responsibilities and others which are not being accomplished at this time can be categorized and assigned to a spectrum that will enable their performance by personnel in three distinct job classifications.

Before recruitment methods, selection criteria, training programs, or evaluation procedures can be developed, attention must be focused on designing specific role descriptions. The role development phase began with initial conception of the project and will continue throughout the study. Descriptions will be improved and modified as new and up-to-date knowledge and experience is gained throughout the project.

This second interim report provides information on planning for the role development, methods used to determine the three role descriptions, plans for future action in the area, and the three specific classifications as currently envisioned.

PRELIMINARY PLANNING

Before attempting to develop new types of middle level workers for community mental health programs, the Manpower Commission acquired the advice and assistance of several recognized mental health manpower experts such as Dr. George Albee, former Mental Health Manpower Task Force Director for the Joint Commission on Mental Illness and Health; Dr. Henry P. David, former Associate Director of the World Federation for Mental Health, and others involved in or concerned with manpower problems of the mental health field. These consultants reinforced the Commission's belief in the need for a concentrated review and examination of various uses for middle level mental health workers.

Review of Literature

Researching the literature, consulting with representatives of various mental health programs and manpower projects, and corresponding with several interested individuals and agencies revealed that considerable activity is occurring in the broad area of training and using new types of middle level mental health workers. A next step in the planning consisted of a detailed investigation of these projects and studies. Specific attention was devoted to approaches utilized to determine duties, methods used to cluster tasks into specific job classifications, and work being performed by the new types of personnel.

In the Commission's study of related work in the area, three significant points became increasingly evident. First, while many contributions are being made, each effort offers a single approach and thus a partial solution to the mental health personnel shortage problem. In practically every project, a single type of worker classification is being developed; either as a generalist who is expected to perform a wide array of related as well as unrelated tasks (mental health worker or mental health assistant) or as a specialist who is expected to meet a specific need of a particular program (mental health counselor or therapist, case aide, or psychological technician). Second, in reviewing tasks which are or will be performed by the workers, it is apparent that what is developing throughout the field is not a mental health worker but many different types of mental health workers. Several of these various types of roles could be combined into fewer classifications thereby increasing the flexibility and utilization of personnel occupying such positions. Such combinations would tend to decrease fragmentation among specialties which is a serious problem restricting the effectiveness of the mental health delivery system. However, some classifications cannot be combined because they require incumbents with specific skills, abilities, interest, and training which differ from position to position. A third point is that if we are going to make the most efficient use of middle level workers in mental health programs, we must objectively evaluate and compare the effectiveness, contribution, and value of different categories of workers.

Types of Workers

After closely examining the current status of middle level mental health personnel research and demonstration, the Commission proposed the recruiting of three different types of individuals. Each type will perform a specific and distinct role in a community mental health program. For each type, mature individuals who are experienced in living an adult life and who are indigenous to the community they will serve will be recruited. The workers will have an expressed interest in the field of mental health but will not have pursued professional training because of time, finances, interest, opportunity, or other specific reasons.

TYPE I: This worker will have a specific interest in helping others obtain mental health or related services. He or she will possess a minimum formal educational level of high school completion. This worker will receive an intensive period of inservice training, including classroom work, in such areas as understanding and working with the mentally ill and their families, recognizing symptoms of mental illness, general knowledge of psychotropic drugs and their reactions, roles of other social welfare agencies in the community, etc.

TYPE II: This worker will have an interest in providing mental health services. This type of worker will complete an associate degree program with specific curriculum attention focusing on mental health, case work, psychological testing, therapeutic techniques, etc. Formal training will include an internship between the academic years.

TYPE III: This worker will have specific interest in developing and maintaining a system of care for the mentally ill. A minimum formal education at the bachelor's degree level, preferably with a major in one of the social sciences, will be required. Special job training will include detailed study of community organizations and services specifically related to the area served by the mental health center, general concepts of mental illness and prevention, etc.

Survey of Professional Opinions and Present Worker Utilization

During initial stages of project planning, the Commission realized the importance of surveying opinions of various professional groups regarding the role of the proposed new types of workers. Accordingly, the Commission surveyed, by a mail questionnaire, members of the Kentucky Psychiatric Association, the Kentucky Psychological Association, and the

Bluegrass and Western Kentucky Chapters of the National Association of Social Workers. In addition, public health nurses and professional staff members of the Department of Mental Health and the mental health centers which existed at that time were included in the survey to obtain their views and opinions.

The questionnaire listed duties that normally must or should be accomplished by community mental health programs along with suggested descriptions for the three proposed types of workers. The professionals were asked to indicate for each type of worker those duties that he or she believes a person with such background and training should be capable of performing. Those duties which were selected by at least 50% of the professionals in three of the four surveyed disciplines were tentatively included in the role descriptions for the three particular types of middle level mental health workers.

A second survey was conducted of Kentucky's community mental health programs to determine the qualifications, training, and use being made of middle level workers by these programs. Position description questionnaires were distributed to all community centers with a request that all staff members classified in the general category of middle level mental health workers complete and return a questionnaire. A total of 44 responses were returned from such workers in 11 of the 20 centers in operation at that time.

The educational level of those responding to the survey ranged from high school graduates to those who had completed post graduate college courses; 70% of the workers had some college work. Two years or more of college had been completed by 52% of the respondents and 20% had bachelor's degrees. Twenty percent of those replying had previous experience related to their middle level mental health work. The typical worker functions as a generalist with a wide range of tasks including such things as representing the mental health center in work with local officials, promoting mental health in the community, working in day care programs, making home visits, writing social histories, performing clerical tasks, keeping the office clean, etc. Workers possessing higher levels of academic preparation devote most of their time to the more complicated tasks. The diversity of duties performed by the individual workers is due in part to logistical considerations. The middle level mental health worker is usually located in a small satellite office where he or she is the only full-time staff member serving a specific area or county of the region.

Position Characteristics

Based on information and opinions obtained through the concentrated planning, the Commission suggested the following position titles and distinguishing characteristics for each of the proposed three new types of workers:

TYPE I: Community Mental Health Aide
This worker will function as a client agent, an advocate, an ombudsman. He or she will operate in the community reaching the formerly unreached and providing early detection and prevention services. Home visits will be made to clients and their families. The aide will use his/her knowledge of client's culture to establish rapport. Information on available services will be provided and referrals and follow-ups will be initiated to make sure clients are receiving help needed. The Community Mental Health Aide will act to remove obstacles prohibiting the client from obtaining needed services.

TYPE II: Community Mental Health Technician
This worker will function as a therapeutic agent, a catalyst in providing professional help. The Technician will assist in the diagnosis procedures and participate in the planned treatment program. He or she will interview the client and/or family, take social histories, provide information, administer and score psychometric tests, etc. This worker can assist in group and individual therapy as a supporting therapist. Counseling and guidance to client and family will be provided.

TYPE III: Community Mental Health Representative
This worker will function as a system agent, promoting mental health services. The Representative will plan new and improved procedures in the system and serve as a link, a liaison, a coordinator between the center and other agencies or services in the the community. He or she will search for ways of coordinating and complementing services. The Representative will attempt to resolve duplication of efforts and prepare procedures for improved working relationships. This worker will maintain close contact with community agencies to observe and correct trouble spots or failures to fully utilize available resources.

Utilizing the advice and recommendations of consultants (reinforced by the experiences and results of others conducting similar efforts in the field) and building upon the survey information as well as that gained from working with professionals directly involved in the delivery of mental health services, the Commission set forth broad outlines of the proposed three new types of workers for use in the Community Mental Health Workers Project. These outlines served as starting points from which role descriptions are being developed.

DEVELOPING ROLE DESCRIPTIONS

Upon approval of the project, the Commission staff's initial task was to select four community mental health programs to serve as experimental units in the study. From the staff members of these four programs and the faculties of community colleges who are participating in the training of the technicians, as well as representatives of the State Departments of Mental Health, Health, and Personnel and the University of Kentucky's School of Allied Health, the Commission appointed three task forces to assist and advise in the implementation and administration of the project. One of these task forces focused on the areas of classification, recruitment, and selection.

An organizational meeting provided the task force membership with general information on the project, its purpose, preliminary planning, and the proposed method of operation. The initial session was followed by a two-day workshop, for which consultative services were acquired to supply information on similar programs and to provide suggestions for implementation of the study. Dr. Myrna Kassel, Director of the Illinois Human Services Manpower Career Center, provided background information on structuring role classifications based on recent developmental activities designed to establish a career ladder program in the Illinois Department of Mental Health. Dr. Robert Reiff, Associate Professor and Director of the Albert Einstein College of Medicine's Division of Psychology, discussed important considerations related to the utilization of indigenous non-professionals. Dr. John True, Director of the Purdue University Associate Degree Program in Mental Health, reviewed the establishment and operation of his program and commented in detail on the types of positions being occupied by graduates of his program which is now in its fifth year.

Task Determination and Classification

To insure that the new classifications being developed for this study represent more than a simple rearrangement of tasks currently being performed, considerable attention was focused on basic needs and problems of clients, their families, and the community. A second procedure was the determination of what tasks and activities should be performed to meet the needs, regardless of who carries them out or whether they are being performed now. These tasks and activities were categorized by the purpose or objective for which they are performed: 1) to develop and maintain a comprehensive and cooperative mental health services system; 2) to provide quality mental health services in the quantity necessary to meet the needs of the community; and 3) to reach those in need of treatment or care and to assist them in obtaining the services they need.

Development of Expanded Role Descriptions

Using the above, suggestions and comments of the task force on classification and those of the staffs of experimental centers, expanded role descriptions were developed for each of the general classifications, and three types of workers proposed in the study. These descriptions were submitted to all staff members of experimental centers, as well as the task force members for comments and suggestions.

The project staff met with a subcommittee of three representatives from each experimental center and a staff member of the Kentucky Department of Personnel to evaluate the descriptions and to determine future efforts. At this meeting, Dr. Robert Teare, an industrial psychologist with considerable experience and research in the area of job analysis (especially in mental health, health and rehabilitative fields), provided critical consultation and offered recommendations and suggestions on various methods which might be utilized to insure effective definitions of role functions. Dr. Teare is a strong advocate of the developmental approach (which we are using in this project) in designing new categories of manpower and opposed to the more commonly used job factoring approach.

In job factoring, existing jobs are broken down into component tasks and activities, and parts are assigned to various levels of workers. Job factoring quickly develops new position classifications which generally are acceptable to existing staff; however, there are several weaknesses in this method. Often these jobs are frustrating to the incumbent of the new classification because they allow him little or no opportunity to use his own initiative, creativity, or judgment. Assigned tasks are likely to be the more menial and least challenging aspects of the work. An inherent weakness in this approach is that resulting new positions are likely to contain restrictions which seriously limit contributions of the new worker. Also, the factoring approach fails to consider tasks and activities not being performed by current staff.

The developmental approach, more difficult and more controversial than job factoring, starts (as we did) with needs and problems of clients, determines what tasks should be carried out to meet the needs, and clusters these tasks into identifiable role classifications. This approach is inclined to develop jobs that are more responsive to client needs, more challenging to the job holder, and more likely to allow professionals to utilize the new worker's knowledge and competence as effectively as possible without being restricted by traditional role models.

Dr. Teare assisted the staff and its advisers by providing the rationale and mechanics of the developmental approach. The consultant suggested various procedures for use in the continuing development of role descriptions in the project.

Suggestions of the task force members, staff personnel of the experimental centers, and the consultants are being utilized by the staff in its continuous effort to develop meaningful role descriptions.

CONCLUSION

Attached to this report as exhibits are the three role descriptions as currently envisioned. The descriptions are preliminary drafts and should not be considered as the final product.

Plans for future action in the development of role classifications include a process of continuous refinement throughout the project. With the rapid growth of community mental health programs and the creation of new and innovative services, there is a constant need to broaden and improve the scope of these descriptions.

In examining the descriptions as they presently exist, it should be kept in mind that they do not represent three levels of workers within a single classification but three separate classifications. Each of the descriptions is of a different and distinct role and each will require individuals with different and distinct interests, abilities, and qualifications. After the feasibility and value of the workers have been compared and evaluated, there may be a need to develop different levels within each classification.

It also should be emphasized that these roles are not being designed as traditional "aide" or "assistant" who work under continuous direct and close supervision. The proposed roles are bona fide staff members with specific contributions to make to the direct and indirect care of the mentally disturbed.

Next Report

The next report in this series designed to provide ongoing information on the development and administration of the Community Mental Health Workers Project will cover methods and procedures used in the recruitment and selection of the technician trainees. All twelve of the selected trainees have successfully completed their first semester and are now enrolled in the second phase of the training program's first year.

EXHIBIT I

Preliminary Draft of Expanded Role Description

COMMUNITY MENTAL HEALTH AIDE

Distinguishing Characteristics:

Functions as a client agent, an advocate, an ombudsman. Works out in the community, reaching the formerly unreached. Provides early detection and prevention services. Makes home visits to client, potential client and family. Uses knowledge of client's culture and language to establish rapport. Provides information of services available. Initiates referrals. Follows up. Acts to remove obstacles between the client and the services he needs. Continuously makes self available to client by calling, making hospital and home visits. Checks on broken appointments. Observes, records and reports.

Examples of Tasks Performed:

Functions out in the community as an outreach worker and service expediter. Works with neighborhood self improvement programs. Makes home visits to potential clients and their families. Uses his knowledge of client's culture and language to establish rapport. Provides feeling of concern, trust, confidence. Interviews, asks about problems, serves as an empathic listener. Attends to clues, observes and assesses attitudes and feelings of client and family. Helps them understand problem. Evaluates person's problem enough to make referral and/or simple adjustment. Motivates and directs person to get help. Provides information on where to go for help and how to obtain it. Helps with contributing problems (unemployment, housing, financial). Explains purpose, policies, and procedures of mental health center. Works with client from first contact to readjustment.

Makes decision and acts to smooth client's path to the services needed. Moves to block crisis by assuring immediate evaluation and action. Makes appointment for client with mental health center. Assists in making arrangements for transportation through volunteers, or personally brings client to center. Makes arrangements for someone to attend children or elderly relatives while client is visiting center. Provides oral and written reports on observations made and information gathered during interview. Provides continuity for client. Helps client make contact with other agencies as needed. Alerts agency as to the nature of the referral. Coordinates services of agency for client. Limits the number of agencies a client must deal with. Makes sure agency has reports of work and evaluations compiled by other agencies, making sure the client is not subjected to unnecessary duplication. Sticks up for client against inflexible policies and practices which prevent the client from receiving the services needed. Makes sure the client understands the

agencies' policies and practices which affect him. Follow-up all referrals to make sure there are no breakdowns either on the part of the client or agency.

Continuously supports client during treatment. Makes self available by calling, making hospital visits and home visits. Checks on broken appointments. Makes sure client understands treatment program and is following instructions of center staff. Makes sure family understands treatment program. Strengthens feelings of trust and confidence on the part of the client in the professional staff. Observes client's behavior, mood and conversations, assesses family behavior and feelings toward the client and his problem. Records and reports same. For school age children, visits school, if available talks to teachers. Makes sure they understand the problem and coach on how to react. For working clients, visits employer, if available, solicits his help and understanding. Helps client develop personal, home, and budget management know-how of making arrangements for services in home-making, budgetary skills, etc. Helps those clients in need of work find employment. Find where jobs are available and qualification requirements. Helps client with arrangements for interview. Locates training programs for client. Coaches on work habits and attitudes. Persuades employers if needed. Coaches client on self-identity and self-acceptance. Helps client to learn not to distort what is happening to him. Interprets things he does not understand. Helps the client to get along with others.

Minimum Qualifications:

An indigenous member of the community.

Background of participation in community activities.

High school education.

Project Training Program:

A four-month training program covering such subjects as recognizing symptoms of mental illness, understanding and working with the mentally ill and their families; roles of community welfare angencies.

EXHIBIT II

Preliminary Draft of Expanded Role Description

COMMUNITY MENTAL HEALTH TECHNICIAN

Distinguishing Characteristics:

Functions as a therapeutic agent, a catalyst in the providing of professional help to those in need of such. Under general supervision of professional staff, assists in the diagnosis procedures and participates in the planned treatment program. Interviews client and/or family, takes social history, provides information, administers and scores psychometric test. Assists in group and individual therapy as a supporting therapist. Provides counseling and guidance to client and family. Observes, records, and reports client behavior, moods, conversations, etc. Participates in center in-service training, training of volunteers and in training in/or for other agencies.

Examples of Tasks Performed:

Interviews client and/or family in a genuine warm, humanistic manner. Uses his knowledge of client's culture and language to establish rapport. Gathers and records personal and family data. Relieves anxiety by explaining program, answering questions, explaining needs of staff etc. Acts in a manner to insure early and appropriate evaluation, makes appointment with therapist, does psychometric testing and scoring, obtains information from other agencies having served client, etc. Observes, records, and reports.

Assists professional in developing treatment plan. Assists client in understanding plan and follows up to see if the plan is being followed. Makes self available to client. Helps client relate to all specialists and services. Serves as a human link to all services, coordinates services for client. Participates in planned treatment program by assisting in group and individual therapy as a supportive therapist, an agent of communication. Provides counseling and guidance to client and members of family. Continuously reinforces feelings of trust and confidence, of self respect and dignity. Gives understanding and empathy, observes the client's and family's feelings and reactions. Counsels client on "real" problems in facing demands of society. Participates in planned behavior modification programs.

Leads or assists in rehabilitation or activity therapies. Helps client in re-socialization and/or re-education for living by making available through the media of occupational, recreational, industrial, musical and educational therapies, opportunities for clients to learn to live better with himself and others and to aspire to his maximum social

and vocational potential. Does role-playing, psychodrama, etc. Helps strengthen client's self-image and interpersonal relationships through a continuum of re-motivation, re-direction, and re-education. Motivates and stimulates the client to communicate his wishes, hopes, fears, frustrations, likes, dislikes, etc. by using various media -- art, music, games, dances, writing -- and by being a good listener and effective liaison with professional staff. Provides client with personal attention so as to improve his personal appearance, hygiene, manners, and habits; thus making them more socially acceptable. Encourages client to do things with and for others. Provides client an opportunity to strengthen all their positive behavior so as to submerge and/or eliminate the negative responses. Serves as a "manager" -- one who sees to it that a client's plan for rehabilitation is a continuous and ongoing process and that the client does not get "lost in the shuffle". Helps client to become self-sufficient by developing skills. Serves in a supportive role in helping client plan his leisure time and encourages him to become part of community functions.

Works in disturbed children's program. Gives families counseling regarding management, discipline, etc. Helps parents with behavior training. Works with parents to help them understand problem, and how to manage. Gives advice and guidance, reassures and explains illness to siblings. Participates in or conducts play therapy (observes reactions, plays with child, reports); encourages expression of emotions and directs new way. Teaches skills, values, attitudes, behavior modification. Provides experiences in everyday living (getting along with siblings, parents, teachers, etc.). Makes self available, someone the child belongs to. Demonstrates interest in child's everyday life.

Works with the mentally retarded. Provides special help with cognitive and social education and training. Studies educational ability and achievements, also social, physical, leadership, and other abilities. Translates behavior modification program into action. Encourages language developments, extends speech and hearing training to home. May teach educables in day program. Trains in self-care skills (personal hygiene, dental care, general health). Teaches social skills. Conducts activities programs, provides experiences of joy. Serves as human contact (parent substitute, loves, plays, supports, understands). Conducts family discussion groups. Counsels family on what home can do, resources, alternatives, etc. Works with sisters and brothers. Coaches parents on problems.

Participates as a trainer as well as a trainee in the center's in-service training program. Helps train volunteers. Participates in training programs of other agencies, such as police, schools, etc.

Minimum Qualifications:

An indigenous member of the community.

Background of participation in community activites.

High school education.

Project Training Program:

Associate degree program covering such areas as: mental illness, mental retardation, alcoholism, drug abuse, psychological testing, case work, group work, activity therapies, interviewing, counseling, behavior modification, etc.

EXHIBIT III

Preliminary Draft of Expanded Role Description

COMMUNITY MENTAL HEALTH REPRESENTATIVE

Distinguishing Characteristics:

Functions as a mental health service system agent. Promotes mental health services. Plans new and improved procedures in the system. Becomes completely familiar with the present system and all agents and agencies who are involved directly or indirectly with the mentally disturbed, mentally retarded, the alcoholic and/or the drug abuser. Learns the services they offer, their policies, practices, and procedures. Informs and educates these agents, agencies, and the public at-large on mental health and services available. Mobilizes all needed resources and assists in organizing new and improved ways of meeting the mental health needs of the community. Serves as a link, a liaison, a coordinator between the center and the other agencies in the community. Makes self available by reaching out, going to these agencies. Searches for ways of cooperating and complementing services. Works on resolving any duplication of efforts. Prepares procedures for working relationships. Initiates contractual agreements. Follows up these agreements and continuously works towards improving them. Maintains close contact to observe and correct any trouble spots, misunderstandings or failures to fully utilize these agreements. Keeps center staff fully informed through staff conferences and in-service training.

Examples of Tasks Performed:

Makes contacts with all local agencies which provide information and referral services to the mentally disturbed, mentally retarded, alcoholic and/or drug abuser. Establishes sound lines of communications. Assures that they are continuously informed as to the center's services. Establishes or improves referral procedure.

Makes contacts and establishes working relationships with all community agencies which provide psychiatric, psychological, social welfare, and/or rehabilitation services.

Makes contacts with personnel of all educational facilities. Explains mental health program, observes, and consults on ways center can be of service. Establishes referral procedures, contracts for psychological testing, counseling, etc. Helps schools add mental health training to health, sociology and psychology courses. Presents or arranges for center staff to present talks on such subjects as mental health, mental health careers, V.D., drug abuse, etc. Arranges for center staff to participate in workshops for teachers, to help them detect and work with troubled students. Provides schools with printed material on promotion of positive mental health.

Makes contacts with local industries. Assists them in identifying psychological problems among their employees (absenteeism, alcoholism, the accident prone, the mentally disturbed, etc.). Explains services of the center. Explores possible contractual arrangements to provide services to employees. Assists in establishing training program for supervisors, to cover subjects such as human relations, how to detect employees with problems, how to handle such, how to obtain help, etc. Encourages them to employ the mentally restored and the mentally retarded.

Makes contacts with local unions. Studies their welfare program for their members. Detects if mental health services are adequately covered. Informs them of available mental health services. Encourages them to broaden program if needed. Establishes contractual agreements if appropriate. Presents talks at union meetings on mental health or makes arrangements for other staff members to do the same.

Makes contacts with insurance companies. Makes sure they are aware of the mental health services available. Encourages them to broaden their coverage. Establishes a strong working relationship between them and the center's business office.

Makes contacts with the local associations for mental health and for retarded children. Serves as a member of same. Assures cooperative working relationships with the associations. Combines forces, assures no duplication of efforts, assures common goals. Assists them in their efforts and obtain their help in the center's efforts.

Makes contacts with newscasters, reporters, and journalists. Educates them on mental health and the mental health movement. Enlists their help in educating the community towards a better understanding and tolerance of mental illness. Encourages them to inform the public on emergency contact points, publicize the name, location, and purpose of agencies. Establishes a direct working relationship with individuals of the news media. Serves as an accessible contact for them, developing mutual confidence.

Makes contacts with local civic clubs, women's clubs, P.T.A.'s, etc. Provides talks, films, etc. regarding mental illness, retardation, available services, how to obtain help, etc. Provides suggestions for club projects in mental health. Assists them in planning and organizing their projects. Helps them make necessary contacts. Enlists volunteers, develops develops training programs for same.

Makes contacts with local elective officials. Keeps them current on the mental health program, its objectives, goals, problems, etc. Makes self available. Serves on committees related to mental health, recreation, juvenile delinquency, etc. Serves as a contact person. (In Louisville may represent mental health program at Mayor's beef session.)

Makes contacts with law enforcement officials. Explains services of mental health programs. Explores ways of cooperating with them. Establishes working relationships. Assists them in improving their training programs by adding mental health. Develop procedures for providing talks, lectures, etc. on mental health services, helping agencies, procedures for handling the emotionally disturbed, retarded, alcoholic, etc.

Makes contacts with the law makers and courts to improve the handling of the emotionally disturbed.

Minimum Qualifications:

Indigenous member of the community.

Background of participation in community activities.

Bachelor's Degree or equivalent preferably with major in one of the social sciences.

Ability to work diplomatically with community leaders and organizations.

Ability to plan and organize programs.

Ability to speak before and work with groups.

Project Training Program:

A two-month orientation program covering such subjects as: general concepts of mental illness, prevention and education, community organizations and programs specifically related to mental health, etc.

REPORT NUMBER III

June 1971

Community Mental Health Workers Project

THE

RECRUITMENT AND SELECTION

OF

COMMUNITY MENTAL HEALTH TECHNICIAN TRAINEES

KENTUCKY MENTAL HEALTH MANPOWER COMMISSION

FORWARD

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INTRODUCTION

A specific training program has been or is being developed for each of the three new categories of workers included in the Community Mental Health Workers Project. Since the technician's preparation will require the longest training period and as the project is so designed to permit all three categories of workers to enter the employment phase of the study at the same time, selection of individuals for this training was the first priority. The purpose of this report is to provide information on procedures and methods used in the recruitment and selection of the twelve Community Mental Health Technician trainees.

From inception of the project, it has been essential that staffs of the participating community mental health programs be involved in planning and administering each phase of the study. Accordingly, one of the first steps taken in preparation for this phase was to ask each center director to appoint a selection committee to assist the project staff in developing and implementing technician recruitment and selection procedures. It was the major responsibility of each committee to make the final section of trainees for their respective center. Serving on the Lake Cumberland Center's committee were Mr. Eugene Humble, Mental Health School Consultant; Mrs. Virginia Lucas, Psychiatric Nurse; and Mr. Hiro Tanamachi, Clinical Coordinator. Appointed to the North Central Center's committee were Mr. Douglas Greenwell, Administrator; Mrs. Marie Layman, Children's Service Coordinator; and Dr. Robert Lippman, Chief Psychologist. Serving on the Waverly Center's committee were Mr. Larry Burke, Coordinator of the Neighborhood Consultation Centers; Dr. Edward Flynn, Chief Psychologist; and Mr. James Gibson, Alcoholism Coordinator. Appointed to the West Central Louisville Center's committee were Dr. Roger Gardner, Chief Psychologist; Mrs. Mary Jane Livingstone, Chief Social Worker; and Mrs. Mary Ott, Community Health Nurse. To insure uniformity, the Manpower Commission's project director served as an ex-officio member of each committee.

With the assistance of the selection committees, recruitment and selection procedures were drafted and submitted to the members of the appropriate task force for their review. After incorporating their suggestions, this phase of the project was set into motion in May 1970. May and June were spent in publicizing the opportunity and accepting applications. Candidates were tested and interviewed during July, and by August 3rd, all trainees had been appointed. This provided those selected, who in most cases had employment and/or home responsibilities, approximately four weeks to make necessary plans and arrangements before entering school. On September 1, 1970, the twelve appointees began the technician training program.

RECRUITMENT

Examining recruitment methods being employed by similar projects in the area of developing new types of middle level workers revealed a wide spectrum of techniques. Methods most often used included: advertisements in the news media, referrals by project professionals, suggestions by project nonprofessionals, and the use of local employment agencies. Two other methods mentioned often, but used more frequently for recruiting volunteers as opposed to paid employees, were talks to community and volunteer groups and group meetings for prospective applicants. Most projects used two or more of the above mentioned methods. Other recruitment methods employed in various studies included contacts with colleges, universities, schools of social work, recruitment by word of mouth, use of brochures, state personnel offices, and local poverty or community service agencies.

Procedure

Basically three approaches were used in recruiting technician trainees for the Community Mental Health Workers Project. The first attempted to reach potential applicants through the news media; a second utilized personnel of the participating agencies; the third worked through other community agencies and associations.

In May 1970, news releases were sent to local newspapers and radio stations in areas served by the cooperating mental health programs. Each release announced the selection of the local mental health center to participate in a program to train new types of mental health workers. The following is a sample:

> The (name of local center) is one of four comprehensive community mental health programs in Kentucky chosen to participate in a project designed to train and utilize new types of personnel. In this program three new categories of workers will be selected for training which will prepare them for employment in the mental health field. The Kentucky Mental Health Manpower Commission is conducting the project in cooperation with the local mental health board and the (name of college).
>
> One of the new types of workers will be a mental health technician to be trained at the community college in a two-year Associate Degree program. Individuals selected

for the technician training program will enter the community college in the fall of 1970 under a stipend program of the Manpower Commission.

To be considered for the technician training, individuals will have to live in or around (major city or cities served by the mental health program) and be at least 21 years of age. Anyone desiring information should contact (project center liaison) at the (center name and address).

Most of the news agencies were very cooperative and generally we received good coverage.

The news releases were then followed by placement of advertisements in the "help wanted" sections of the newspapers. Depending on the frequency of the newspaper, the ads appeared once a week, every other week, or each weekend, for four consecutive weeks. Due to the comparative slowness in responses in the two Louisville areas, the ads appeared for two additional weeks. The following is a sample of the advertisement:

Mental Health Workers Several persons needed for training as mental health technicians. Those chosen will be paid while attending two-year program leading to associate degree in mental health technology. After training, employment in local community program. Must be 21 and high school graduate or have G.E.D. For application contact (center name, address, phone number).

While the advertisements were in the newspapers, a recruitment flyer (Exhibit 1) was prepared and copies were distributed to all staff and board members of the cooperating mental health centers as well as to the participating community colleges. The flyer provided basic information on the role of a technician, the training program, placement possibilities, required qualifications and where to make application.

As a third approach, letters requesting assistance in our recruiting efforts were sent to various community agencies and associations. Accompanying each letter were copies of the above mentioned flyer. Wherever it appeared beneficial, personal contacts were made with a representative of the agency. Agencies and associations contacted included local offices of the state employment service, mental health association, associations for retarded children, PTA's, school boards, hospital auxiliaries, chambers of commerce, county health departments, neighborhood houses, community action programs, volunteer bureaus, etc.

Results:

As a result of the recruitment efforts, application blanks were distributed to approximately 500 individuals who had expressed an interest in being considered for the program. One hundred and fifty-one of the 500 completed and returned applications. The drop from 500 to 151, may seem at first glance to be rather large; however, it should be pointed out that accompanying each application blank was a copy of the previously mentioned recruitment flyer. In most cases this was the first time the potential applicant learned of the types of duties to be performed by the technician, amount of proposed stipend, and the fact that trainees would be committing themselves to two years of employment with the local mental health center after training.

In order to determine which of the three recruitment approaches was the most effective, each applicant was asked to indicate on his application how he learned of the program. Since some listed more than one source, the sum of the following responses is greater than the total number of applicants. Of the 151 applicants, 119 indicated the newspaper, 11 the radio, 19 a center staff member, 2 a regional board member, 1 a community college instructor, and 11 a local agency or association. Without a doubt, the first approach, that is using the news media to recruit trainees, did yield the largest percent of the applicants (86%). However, it should be noted that 18% of the applicants recruited through efforts of the personnel of agencies participating in the project and 9% of those obtained through the help of other community agencies were selected as trainees, while only 5% of those reached through the news media were appointed. The value of the personal approach by individuals with professional interest in the field cannot be over emphasized.

Of the 151 applicants, 31 submitted their applications too late for consideration, 7 were disqualified due to age, education, or residence requirements, and 19 did not show for scheduled testing. Three others withdrew at time of testing. Ninety-one applicants completed the testing phase of the selection procedure and thereby became bona fide candidates.

As was anticipated, most of the candidates were women. The fact that we were able to recruit as many men as we did (15), was considered significant. The candidates ranged in age from 21 to 62, with a fairly equal distribution between 21 to 44. At time of application, 78 had been married but 4 were widowed and 11 were divorced. Although the minimum educational requirement was only high school or the equivalent, more than 38% of the candidates had completed some college work. Vital statistics concerning the candidates can be found in Table 1.

TABLE 1. VITAL STATISTICS CONCERNING CANDIDATES

	EACH CENTER*				All Centers
	I	II	III	IV	
Number of Candidates	17	16	26	32	91
Sex:					
Male	1	5	5	4	15
Female	16	11	21	28	76
Age:					
21-24	5	6	8	5	24
25-34	6	7	4	17	34
35-44	5	3	10	5	23
45-54	1	0	4	4	9
55-up	0	0	0	1	1
Marital Status:					
Married	12	7	18	26	63
Widowed	1	0	1	2	4
Divorced	4	4	2	1	11
Single	0	5	5	3	13
Number of Children:					
None	2	5	9	5	21
One	3	2	1	7	13
Two	3	6	7	11	27
Three	3	1	5	7	16
Four or more	6	2	4	2	14
Education:					
G.E.D.	3	2	6	7	18
High School	11	7	7	13	38
College (less than 2 years)	3	6	7	10	26
College (at least 2 years)	0	1	6	2	9

*Center I Waverly (Louisville)
II West Central (Louisville)
III North Central (Elizabethtown)
IV Lake Cumberland (Somerset)

SELECTION

It was the opinion of the staff and advisors of the Community Mental Health Workers Project that the procedure to be used in choosing trainees for this program should be highly selective. Those selected would have to be mature individuals with a valid interest in working with the mentally disturbed, free of any gross psychopathology, and able to handle stressful situations in an appropriate manner. They would have to know their community, see themselves as members of it, and be flexible enough to work with broad-based social-economic, ethnic, cultural as well as interdisciplinary groups. They would have to possess the basic therapeutic qualities of accurate empathy, non-possessive warmth and genuineness. Finally they would have to have the intellectual abilities necessary to successfully complete the two years of college work.

A search of available literature yielded little information about selection procedures used by various educational institutions and mental health agencies recently engaged in training new types of middle level mental health workers. Those programs centered in a two-year community college were generally restricted in their selection methods by college admission policies, the nature of which virtually prohibits screening of potential mental health workers in a manner different from that appropriate to any other college entrance applicant. Generally, the requirements were no more than an expressed desire to enter the field, an acceptable high school diploma or equivalency, taking the American College Test and acceptable financial arrangements.

Of all reviewed projects, the selection procedure of the now famous Rioch Study (1960) as reported in Public Health Services Publication No. 1254 by the United States Department of Health, Education, and Welfare, appears to have been the most rigorous and, judging from the reported results, very highly selective and successful. In the Rioch study, applicants had to be women around 40 years of age with children and preferably college graduates. The applicants were first screened by a committee of six people, three of whom were teachers in the training program. The committee was to choose students "who would be congenial with us (the teachers) and with each other." They were to be "people who were minimally defensive and pretentious," "people who could see behind the words to a deeper and sometimes contradictory meanings," and "people who could work together in a group." They were to possess "reliability and good general intelligence." They were all required to submit an autobiographical sketch of about 1500 words along with their application. They were then invited to come to the National Institute of Mental Health training center in groups of eight to ten people for approximately five hours of group procedures. During this period, the candidates were paired off and asked to interview each other briefly and then to introduce

each other to the group. They were then given an assignment requiring corporate action and decision-making to ascertain their ability to work together. Committee members rated them on this activity. They were then given some paper and pencil tests including a sentence completion test and a group intelligence test. Then they listened to and discussed a tape recording of an initial psychiatric interview. At this point all applicants were eliminated except 20 who were later requested to return for individual interviews and tests at which time all 20 were given three items of the Wechsler-Bellview Intelligence Test, a Rorschach Test, and a modified and abbreviated Thematic Apperception Test. Six of the 20 were eliminated after these interviews and tests. Later the remaining 14 were recalled for interviews with all six members of the selection committee present and available also for individual interviews. From these 14, the eight trainees were selected.

Information concerning Rioch's selection procedure proved to be very beneficial to us in our planning. Although the technician training phase of the Community Mental Health Workers Project would be provided through the facilities of community colleges, the fact that the trainees are stipendiaries of the Manpower Commission made it possible to circumvent the limitations on selection imposed by college policies and to develop and implement what we believe to be, a highly selective procedure.

Procedures

As stated in the introduction to this report, the director of each of the participating centers appointed from his staff, a three-man selection committee. It was the major responsibility of each committee to make the final selection of trainees for their respective center. Except for this, the technician selection procedure was identical in each case.

The selection procedure began when the completed application form was received in the office of the Manpower Commission. In addition to the general information required on the application, each applicant was to submit an autobiographical sketch. In order to assist the applicant in preparing the sketch, the following instructions had been provided:

> In 250 words or less, write a personality sketch of yourself, a brief autobiographical note that will be adequate as a description of you as a human person. It may center upon your unique and individual pattern of basic attitudes, aspirations and anxieties, your primary assets and limitations, your view of the world and of yourself as a member of a family, local and national community. In short....it should be written to give the essential picture of you to someone who knows nothing about you. Do not write a sketch that is longer than 250 words.

After evaluating the applications received and eliminating those who were obviously not eligible for the program, 113 persons were advised of their eligibility by mail and invited to group sessions. A meeting was held in each of the four areas served by the participating mental health programs. Ninety-four people showed up for the group meetings. Two applicants withdrew at the close of the first phase of the group meeting, the overview. One other withdrew fatigued and frustrated near the end of the day. Ninety-one applicants completed the group activities and thus became bona fide candidates.

Each group meeting was planned to occupy approximately eight hours. They began at 8:00 o'clock a.m., and, as anticipated, the last candidates finished their testing at about 4:45 p.m. One hour was taken for lunch, one scheduled 15 minute break was taken between planned activities in the morning, and the participants took breaks individually between tests finished at irregular intervals in the afternoon.

The four groups activity meetings were held at the community college within the areas served by the mental health program. At each meeting the project director presided and was assisted by the project research associate, a clinical psychologist. Present for the first part of each meeting also was the respective center selection committee.

The group meeting began with an introduction to the history, objectives, and the modus operandi of the project. During the first phase an overview of the training program in which course content and expectations of the Manpower Commission as well as of the trainees was presented. The agenda for the day's activities and testing procedures was outlined.

At this point, the groups were given an opportunity to ask questions and discuss any aspect of the program not yet clear to them. The candidates engaged in considerable discussion in each group. They were then informed they would be required to sign a "Statement of Consent," indicating that the project, its method of operation, procedures, objectives, and reason for the research had been fully explained to them. Non-abdication of rights and confidentiality were also assured in the document. Each candidate signed the statement, except the two who withdrew at this point. Of the two withdrawals, one said he was no longer interested, and the other said she thought the competition would be too great and she felt there was no prospect for her being selected.

Following the overview, each candidate was assigned an identification number and was instructed to use the number in place of their name on all tests. The candidates were then paired by identification numbers for the purpose of interviewing and introducing each other. Up to this point, no introductions had been made except to introduce the members of the staff, and the selection committee. The following instructions were then read aloud:

> Please locate your partner and distribute yourselves in pairs as sparsley as possible in this room. (Pause for pairing). Now, when you hear the word, "begin," one partner is to begin interviewing the other with a view to learning all he can in five (5) minutes about his partner so that he can introduce him to the group in such a way that everyone else will know his partner well. At the end of five minutes you will hear the words "switch now." At that time the interviewing will reverse immediately and the interviewee will become the interviewer and the interviewer will become the interviewee. You will continue until you hear the word "stop." Each one of you will be asked later to stand and introduce your partner to the group in a three (3) minute speech.

After the interviewing was completed each candidate was asked, by randomly selecting identification numbers, to introduce his partner.

At the end of each individual introduction, the candidate was rated by the center's selection committee and the project director. A seven-point scale, ranging from much below average to much above average, was used to ascertain, on the basis of the raters' composite judgment, the degree to which the candidate met desirable qualities in ten general areas. The areas were: 1) personal appearance; 2) sociability; 3) maturity; 4) tact; 5) poise; 6) eye contact; 7) appropriate effect; 8) self-expression; 9) language usage; and 10) positive impression upon the rater.

The raters were always in the view of the candidate, and the candidates knew they were being rated. They were not told the ten points on which they were being rated. The scales were scored later and the mean score of the four rating sheets became the candidates' paired introduction score. Upon completion of this activity, the center's selection committee was free to leave and the project staff completed the testing activities.

In the third phase of activities, the Otis Quick-Scoring Mental Ability Tests, Gamma C, was administered for an assessment of the candidates' general intellectual abilities. This was followed by a coffee break.

The group was reassembled and administered the Community Adaptation Schedule (C.A.S.) Form 5A. The C.A.S. is an instrument developed by R. Roen Sheldon, Ph.D. and Alan J. Burnes, Ed.D. The schedule attempts to measure a person's perception of his community, his effects toward it, and his behavior in it. Response to the 217 items are in relation to a six-point scale, each point defined by a word or phrase relevant to the question asked. The subject chooses the number above the answer that best fits him. The higher the number, the better the adaption. The schedule is published by Behavioral Publications, Inc., New York. The schedule will be used again as a retest measure for change in the trainee's attitude near the end of his training.

The Kuder Preference Record Vocational, Form CH, was administered for assistance in evaluating the varying degrees of interest manifested by the candidate in vocational categories considered to be conducive to comfortable adjustment in the field of mental health services. We were interested primarily in scores earned in the areas of "Social Service" (3) and "Persuasive" (4).

The Minnesota Multiphase Personality Inventory and the Sentence Completion Test were the sixth and seventh phase of the activities meeting. These were administered primarily for the purpose of detecting any possible gross psychopathology and assessment of ego strength. Therefore, unless extreme pathological tendencies were manifested in these protocols, the test results were taken at face value as supporting evidence of ability to function psychologically within the range of average deviation. Any obvious pathological manifestations were checked out through interviews and reference sources.

In order to better assess the flexibility vs. rigidity quality in the candidate's personality and to evaluate his potential for working with the broad-based socio-economic, ethnic, cultural, and interdisciplinary groups, we administered the Adorno "F" Scale. This scale was developed by Dr. T.W. Adorno and his associates (1950) in their studies of "Authoritarian Personality." Thirty items responded to on a seven-point rating scale are assumed to measure such qualities as rigidity and conventionalism; authoritarianism, both submissive and aggressive; degree of tender mindedness; superstition, and stereotypy; attitudes about emotional impulses and to exaggerate concern with sexual matters. Again, no cut-off point was adopted, and the scale was used more to alert the evaluators to the possible presence of extreme attitudes which would be checked upon if the protocol otherwise indicated a strong potential trainee.

The ninth and last phase of the group activities consisted of each candidate being asked to complete a "problem situation" assignment by formulating and writing out a brief solution for a specific problem. The problem presented was as follows:

> Suppose you should find yourself strangely but strongly hostile (angry) toward another person over a period of time. You cannot understand why. In consideration of prevailing circumstances you feel just as strongly that you cannot manifest any outward expression of these feelings for fear of severe social disapproval.

Responses were rated on a seven-point scale with values ranging from zero to six. The higher the rating the more desirable the response. Variables on the rating scale were: 0) no response; 1) complete denial; 2) recognition as a problem with no insight; 3) recognition as a problem with some insight; 4) avoidance as method of handling; 5) sublimation as method of handling; and 6) willingness to seek professional help if no solution was reached. Here we were looking for persons who could perceive meaning beyond words and whose defensiveness would not hamper participation in the team approach to problem solving.

Upon completion of the group activity meetings, all tests and scales were scored and placed in a folder prepared for each candidate. The folders, which also included the candidate's application, were then delivered to the appropriate center selection committee. Based on the information contained in the folders, each committee identified those candidates they considered to be the ten most potential trainees. Each selection committee then submitted the names of their "top ten" to the project director in order that a personal interview could be scheduled for each of the selected candidates.

Before these candidates were notified to come for interviews, the the project staff of the Manpower Commission reviewed the folders of all candidates. In two cases, the staff felt that persons not included in the center committee's choice appeared more promising than two who were included. Before recommending a change, the project staff used a comparison matrix to test its judgment. The matrix compared those chosen by the center's committee along with those the Commission's staff thought might deserve further consideration on 15 variables believed to be crucial in light of the objectives of the project. A sample matrix of one of the groups can be found in Exhibit 2 of this report. In plotting the matrix, one of three values was assigned to each cell: plus (+), zero (0), or minus (-). If a candidate was judged to be especially qualified on a particular variable he was rated plus in that cell on the matrix. If he was judged to be less than average, he was rated minus in the cell. Average qualification was assigned a value of zero. When the rating was completed, the signs in the cells under each candidate's number were summed algebraically. On the basis of this comparison, the substitutions were suggested. When the evidence in favor of making this change was submitted to the center committee, they concurred and substitutions were made.

The final part of the technician selection procedure consisted of personal interviews with each of the top candidates. The interviews were conducted by the appropriate center's selection committee and the project director. In each interview, the committee attempted to determine to what extent the candidate possessed qualities considered necessary to function as a mental health technician. Specific attention was directed to such basic therapeutic qualities as accurate empathy, non-possessive warmth and genuiness.

After the candidates were interviewed, the total information accumulated was considered by the project director and the three-man center selection committee. The candidates were rated in order of choice from one to ten, the idea being that the candidates would be invited to become trainees in the order of their rating from the top. Consequently, the three top rated candidates in each catchment area were invited into the program. Subsequently, each candidate invited to participate accepted, except one. For personal reasons, not apparent at the time of application, one candidate could not accept our invitation. The next candidate in line, who was rated lower only because of geographical considerations, was invited to enter training and accepted.

Results

The purpose of the selection procedure was to choose twelve trainees who were mature, flexible, free from any gross psychopathology, and interested in working with the mentally disturbed. They were to be knowledgeable of their community and able to see themselves as contributing members of it. Those chosen were to possess basic therapeutic qualities of accurate empathy, non-possessive warmth, and genuineness. They were to have the intellectual abilities necessary to successfully complete the training. In terms of these characteristics, the candidates selected as trainees represent a homogeneous group. However, in terms of sex, age, marital status, number of children, education, and previous occupation, we have a heterogeneous group. (See Table 2)

Ten of those selected are women and two are men. The ages of the trainees ranged from 22 to 48 (at time of application) with five of those chosen being under 25 years of age, five being between 25 and 34 years of age, and two falling in the category of 45 to 54 years of age. The selected group of trainees had no one between the ages of 35 and 44 years of age and 55 or over. Of those chosen, three were single, six were married, and three were divorced. Five of the trainees had no children, five had two children (however, the children of two of these trainees were over 18 years of age), and two of those selected had three children. In the area of education, two of the trainees had obtained a G.E.D. high school certificate and 10 had graduated from high school (six of these had completed some college courses). Previous occupations of the trainees were representative of a broad vocational background including secretary, sales clerk, factory work, bookkeeping, and intake work in social services and health agencies. Therefore, it is proposed that those chosen for training as mental health technicians provide a heterogeneous group in these areas.

The technician trainees have now completed the first year of their academic preparation and are presently participating in a twelve-week, full-time field work experience in their respective community mental health centers. Until the technicians have completed the entire training program as well as the two-year work phase of the project, the selection procedure cannot be fully evaluated. However, a number of observations have been made concerning the trainees' performance during their first year which are considered very encouraging. Possibly, the most significant is that we have not lost a single one of the original twelve trainees. This came about in spite of the fact that during the period over half of the trainees had to handle a personal situation which could have lead to their dropping out of the program (e.g., husband losing job, childbirth, etc.). In terms of academic accomplishment, three-fourths of the trainees have a grade average of "B" or above. It should be noted that two of these trainees entered the program with G.E.D.'s. No trainee has failed to pass any of his required courses. Finally, we have been very pleased with the favorable comments on the trainees which

TABLE 2. VITAL STATISTICS CONCERNING TRAINEES (AT TIME OF APPLICATION).

Center - Trainee		Sex	Age	Marital Status	Number of Children	Education	Occupation
Waverly (Louisville)	A	F	23	Divorced	2	G.E.D.	Secretary
	B	F	23	Divorced	0	High School	Sales Clerk
	C	F	24	Married	2	8 months Nursing Training	Secretary
West Central (Louisville)	A	F	29	Divorced	2	High School	Steno-receptionist At Metropolitan Social Serv. Dept.
	B	F	27	Single	0	High School	Psychiatric Aide At State Mental Hospital
	C	F	22	Single	0	9 Hours College Work	Bookkeeper, Typist, Receptionist
North Central (Elizabethtown)	A	F	47	Married	2*	50 Hours College Work	Secretary To High School Principal
	B	F	48	Married	2*	21 Hours College Work	Manager School Lunch Room
	C	M	22	Single	0	6 Hours College Work	Chief Operator At Ammunitions Plant
Lake Cumberland (Somerset)	A	F	33	Married	3	High School	Co-owner Of Clothing Store
	B	F	25	Married	0	3 Hours College Work	Intake Receptionist At Mental Health Center
	C	M	30	Married	3	G.E.D.	Grocery Store Clerk and Cashier

*Both over 18 years of age.

have been received from those providing the classroom instruction, those supervising the practicum, and various center staff members who have had the opportunity to observe the technicians. Accordingly, we believe that these early indications suggest a successful selection process.

UPCOMING REPORTS

The next report in this series, Number IV, will focus on the Community Mental Health Technician Training Program. Report Number V will provide information on the results of the technicians' summer field work experience.

EXHIBIT 1

COMMUNITY MENTAL HEALTH TECHNICIAN TRAINEE

A New Career Opportunity

Background

Through the cooperative efforts of the citizens of Clinton, McCreary, Pulaski, Russell and Wayne Counties the Lake Cumberland Comprehensive Care Center was established to serve the mentally disturbed and the mentally retarded members of this community. With the establishment of this program along with similar ones throughout the state and country, there has developed a demand for not only more professional personnel, but also for new types of mental health workers. The Kentucky Mental Health Manpower Commission in cooperation with the Lake Cumberland Comprehensive Care Center has developed a program designed to train and utilize a new level of worker--the Community Mental Health Technician.

Position Description

A trained Community Mental Health Technician will serve as a member of the professional and technical team of the regional mental health program. He will function as a therapeutic agent, a catalyst in the providing of services to the mentally disturbed, the mentally retarded, the drug abuser and the alcoholic members of the community. Under general and approved supervision of the professional staff, he will assist in the diagnostic procedure and participate in the clients' planned treatment program. He will perform such tasks as interviewing clients and/or their families, taking social histories, and administering certain psychometric tests. He will assist in group and individual therapy as a supporting therapist. He will lead or assist in planned activity therapy programs. The technician will perform other duties of a therapeutic nature in accordance with the goals, practices and procedures of the mental health program.

Training

Applicants selected will be placed this fall in a two-year associate degree program designed especially for this project. The academic training will be conducted at the Somerset Community College and taught jointly by the college staff and professional members of the community mental health program. Throughout their training, students will be involved in community mental health programs. During the summer months between the two academic years, trainees will participate in a field experience on a full time basis with the Lake Cumberland Comprehensive Care Center (Somerset). During the training phase, September 1970 through May 1972, applicants selected for this program will receive financial assistance in the amount of $4,000. From this, the trainee will pay his tuition ($150/semester) and purchase required texts ($50-$60/semester).

(over)

Placement

Upon acceptance into this program, a trainee will incur a two-year commitment to work as a technician with the Lake Cumberland Comprehensive Care Center following the completion of training. Depending upon the location of the technician's residence, he will be placed in the central office in Somerset or in the Monticello office.

Qualifications

An applicant must reside in or around Somerset or Monticello. He or she must be at least 21 years of age and a high school graduate or the equivalent. Persons going into this field need to have a genuine desire to work with and to help those who have become mentally disturbed or who are mentally retarded. They must possess a high degree of maturity and patience along with the ability to understand and to work with clients in trying and unusual situations.

Applications

For further information and application write:

KENTUCKY MENTAL HEALTH MANPOWER COMMISSION
P.O. Box 22234
Louisville, Kentucky 40222

Applications may also be obtained from:

COMPREHENSIVE CARE CENTER
129 South Main Street
Somerset, Kentucky 42501
Telephone: 679-1137

EXHIBIT 2

COMPARISON MATRIX

Point of Comparison	Candidate's Identification Number*									
	7	12	4	8	2	13	20	17	23	6
Age	±	±	+	+	+	±	0	±	+	+
Marital Status	+	-	+	+	+	+	+	+	0	±
Children	0	0	-	0	±	+	0	+	+	0
Education	0	0	-	0	+	0	0	0	0	0
I.Q.	+	±	+	-	0	0	0	+	-	-
Residence	0	±	+	+	+	±	0	+	0	+
Employment Record	±	±	0	0	0	-	0	0	0	0
Community Involvement	0	±	+	+	0	±	+	+	-	-
Community Adaption Profile	0	±	0	+	0	+	0	+	-	-
Paired Introduction Profile	+	0	0	+	0	0	+	+	0	-
M.M.P.I. Profile	0	0	0	0	0	0	0	0	-	-
Adorna "F" Scale Profile	0	+	0	0	-	+	0	+	0	0
Kuder Vocational Profile	±	+	+	0	0	+	+	0	0	0
Sentence Completion Profile	0	0	0	0	0	0	0	0	-	-
Application Profile	+	+	+	+	0	+	+	+	-	0
Total ± Over -	7	6	5	6	4	8	5	10	-4	-2

*Actual Identification Numbers were not used for this exhibit.

REPORT NUMBER IV

March 1973

Community Mental Health Workers Project

RECRUITMENT AND SELECTION

OF THE

ASSISTANT AND REPRESENTATIVE TRAINEES

MANPOWER FOR MENTAL HEALTH

KENTUCKY MENTAL HEALTH MANPOWER COMMISSION

FORWARD

The Community Mental Health Workers (CMHW) Project is a study designed to demonstrate the value of three new classifications of middle level workers for community mental health programs. The project proposes to develop three distinct classification specifications, to recruit, select and train individuals to function in the three new roles, to utilize the trained workers in a two-year work program, and to compare and evaluate the effectiveness of each worker and their impact on the delivery of mental health services.

The CMHW Project is being financially supported by a research grant, Number 16420, with the Mental Health Services Development Branch of the National Institute of Mental Health, with additional funding being provided by the Kentucky Department of Mental Health. The project is being conducted by the Kentucky Mental Health Manpower Commission in cooperation with the Kentucky Department of Mental Health, the Comprehensive Care Center of the North Central Regional Mental Health-Mental Retardation Board, and the Waverly, the West Central Louisville, and the Three Rivers Mental Health Centers of the Region Eight Mental Health-Mental Retardation Board. Making earlier contributions to the project were the Jefferson Community College, the Somerset Community College, and the Comprehensive Care Center of the Lake Cumberland Regional Mental Health-Mental Retardation Board.

This report is the fourth in a series designed to provide ongoing information on the development of the CMHW Project. Any questions or suggestions concerning the project should be addressed to:

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INTRODUCTION

As a result of new and increased emphasis on community mental health in the '60's, there developed an unprecendented shortage of personnel to staff new and expanding programs. The extension of mental health services into the community required personnel with knowledge and training different from that available in the past. While efforts were made to improve and expand training programs for psychiatrists, psychologists, social workers, and nurses, attention was also focused on the specific possibility of staffing mental health programs with new types of workers - workers who could be trained in less time than that which generally is required for the established mental health professions.

While recognizing the importance of expanding training programs for the established professions, the Kentucky Mental Health Manpower Commission believed that the development of new categories of workers, be they called non, sub, pre, or para professionals, deserved consideration as a possible approach in easing the manpower shortage. Therefore, the Commission devoted two years to a detailed study of the feasibility of training and utilizing middle-level mental health workers.

Researching the literature and consulting with representatives of various mental health programs and manpower projects, the Commission found that considerable activity was occurring in this particular area. It soon became apparent that what was developing throughout the country was not one new type of worker, or two or three, but many types. Each type, with its own specific educational and training requirements and with its own description of duties to be performed, constituted a classification within itself. Some types accepted individuals with less than a high school education while others required a college degree. Some required only on-the-job training while others consisted of a training program equal to a master's degree preparation. Some workers functioned as generalists who were expected to perform a wide array of related as well as unrelated tasks, while others were considered as specialists who were expected to meet specific needs of a particular program.

While many significant contributions were being made in advancing the middle-level worker concept, the process was still very much piecemeal. While several of the various types of workers being developed could be combined into a single classification thereby increasing the flexibility and utilization of personnel occupying such positions, others could not be so combined because they require incumbents with specific skills, abilities, interest, and training which differ from position to position. In view of this lack of standardized classifications for middle-level workers, the Commission proposed the Community Mental Health Workers Project.

The research-demonstration study is designed to develop, train, utilize, compare, and evaluate the effectiveness of three new and distinct classifications of middle-level workers for community mental health programs. To insure that the new classification being developed for this study represented more than a simple re-arrangement of tasks which were currently being performed, considerable attention was first focused on basic needs and problems of the clients, their families, and their community. A second step was to determine what tasks and activities should be performed to meet the needs, regardless of who carries them out or whether they were being performed at that time. These tasks and activities were then categorized by the purpose or objective for which they were performed. This categorization resulted in the Commission's proposing three distinct classifications which, based on our informed opinion, cover most of the tasks being performed or which could be performed by middle-level workers in community mental health programs.

The three proposed classifications being tested in this project have been titled Community Mental Health Assistants, Community Mental Health Technicians, and Community Mental Health Representatives. The assistants (previously titled aides) are high school graduates who after completing a twelve-week training program will function as client advocates. Their major role is one of removing obstacles between the client and the services needed. The technicians are graduates of a two-year associate degree program specifically designed for this project to train them as therapeutic agents. Their major role is one of providing therapeutic services under general supervision of professional staff. The representatives are four-year college graduates who after completing an eleven-week training program will function as mental health system agents. Their major role is one of representing the mental health center in working with leaders and representatives of local governmental units, community resource agencies, social and civic organizations, etc. Representatives assess mental health needs of the community and design methods to meet these needs through utilization of existing resources as well as development of new resources as deemed necessary.

The Community Mental Health Workers Project is now in its fourth year. The workers for each of the three classifications have been recruited, selected, and trained and are now in the two-year work phase of the study. During the work phase, data are being collected, results will be analyzed, and effectiveness of the three new types of workers will be evaluated and compared.

Report Number I of this series presented background of the project, specific aims, methods of procedure, anticipated significance, and the proposed method of evaluation. Also included in the first report was information concerning selection of experimental centers, colleges to provide educational programs for the technicians, and an advisory committee and consultants. Since publication of Report Number I, the Lake Cumberland Comprehensive Care Center has been replaced as an experimental center by the Three Rivers Mental Health Center. Report

Number II provided information on the planning for role development, methods used to determine the three roles, and copies of the role descriptions or classification specifications. Report Number III covered the recruitment and selection of the technician trainees. The purpose of Report Number IV is to provide information on procedures and methods used in the recruitment and selection of the assistant and representative trainees.

RECRUITMENT AND SELECTION OF THE ASSISTANT AND REPRESENTATIVE TRAINEES

Background

The Community Mental Health Workers Project was designed to permit all three types of workers to participate in the study's two-year employment phase during the period of July 1972 through June 1974. This required all workers to be recruited, selected, and trained by July 1, 1972. Since the technician's preparation required the longest training period - 21 months, selection of individuals for this classification was the first to be completed. On September 1, 1970, selected technicians entered training. In the fall of 1971, with technicians more than halfway through their training, attention was directed to the recruitment, selection, and training of assistants and representatives.

The first step was to develop the two training programs and determine the amount of time required to prepare the workers for their roles. It was originally proposed that the assistants would receive four months of training and the representatives six weeks; however, after further consideration, a decision was made to decrease the assistants' training to twelve weeks and increase the representatives' to eleven weeks. The starting date for both training programs was set for April 10, 1972. This would mean that representatives would be ready to assume their positions with their respective mental health centers by June 26th, and the assistants by July 1st. With the technicians scheduled to enter the employment phase on June 1st, the staggered entry of the workers at three different times provided the centers with a better opportunity to absorb the three new types of workers.

Once starting dates for the training programs were determined, the next step was to develop a schedule of recruitment, screening, and selection procedures. The same format would be used for assistants and representatives. The month of January and half of February 1972 would be spent in publicizing the opportunities and accepting applications. Candidates would be tested during the last half of February and interviewed during the first two weeks of March. Appointments to the program were scheduled for the middle of March to provide appointees an opportunity to make arrangements for entering the program.

To assist the project staff in developing and implementing recruitment and selection procedures, directors of each of the four experimental centers were asked to appoint two selection committees, one for each type of worker. Each committee would have the major responsibility

of making the final selection of trainees for their respective center. To insure uniformity, the Manpower Commission's project director and the project staff member who would be coordinating training and placement of the particular type of worker would serve as ex-officio members of each committee.

Recruitment Procedures

The purpose of both recruitment programs was to reach as many potential applicants as possible, within the time available, in such a manner as to encourage them to explore the possibility of participating in the project. Before recruitment methods could be selected or developed, it was necessary to identify for each category of worker the target population to which recruitment efforts would be directed. The target populations were identified by describing the potential applicants in terms of minimum qualifications.

In accordance with the project design and after careful consideration, it was decided that assistant applicants would have to be high school graduates or the equivalent who were at least 21 years of age and who resided in the area served by the employing mental health center. Assistants would have to possess a genuine desire to work with and help those who have become mentally disturbed or who are mentally retarded. They would also have to possess a high degree of maturity and patience along with the drive and ability to work with community agencies and professional care givers to mobilize quickly services and competencies on behalf of center clients. Representative applicants should have a bachelor degree, preferably with a major in one of the social sciences; however, consideration would be given to those who had not completed all degree requirements provided they had related work experience. They would have to possess a high degree of maturity, drive, and interest in their community. Representative applicants should have a strong belief that the mentally disturbed and the mentally retarded can be helped through a cooperative and coordinated community approach. They would also have to possess ability to work diplomatically with community leaders, agencies, groups, and organizations and be able to plan and organize programs. Representative applicants had to reside in the area served by the employing mental health center.

With the target recruitment populations identified, the next step was to determine what methods would be employed to reach potential applicants. In view of the success of the technicians' recruitment program, it was decided that the same methods should be utilized to attract assistant and representative applicants. These methods had been selected after a close examination had been made of recruitment efforts employed by other projects developing new types of mental health workers.

The methods employed can be divided into three basic approaches. The first attempted to reach potential applicants through the news media; the second involved personnel of participating agencies; and the third worked through other community agencies and associations.

On January 3, 1972, news releases were sent to all newspapers and radio stations in areas served by the cooperating mental health centers. The news release announced that the Commission was seeking applicants for two new types of mental health workers. It contained information on age and educational requirements, a one-sentence description of each type of worker, the fact that training would be provided, how long training would last, where positions were located, and where to submit applications. Most news agencies were very cooperative and generally we received good coverage.

The news releases were followed by placement of advertisements in the "Help Wanted" sections of local newspapers. Depending on the frequency of publication, the ads appeared once a week, every other week, or three times a week for six consecutive weeks. The ad stated that several persons were needed for employment as mental health workers with local programs and that positions were available for both high school and four-year college graduates. It was mentioned that related experience would be helpful but not required and that those employed would be trained. The ad stated that applicants had to be at least 21 years of age and reside in the described local area. Anyone interested was instructed to contact the Commission or the mental health center for an application.

While advertisements were in the newspapers, a recruitment flyer for each type of worker was distributed to all staff and board members of the cooperating mental health centers. All flyers for assistants were the same except for the name of the employing agency. In other words, four sets of assistant flyers were prepared, one for each of the four experimental or employing centers. The same was true of flyers for representatives. Information in each flyer was presented in six sections. The first section identified the employing agency and the Manpower Commission and explained that the two agencies had developed a program designed to train and utilize several new types of mental health workers, one type being the Community Mental Health Assistant or Representative whichever was applicable. Section two described the type of position and gave examples of anticipated duties. The third part explained the training program providing such information as the length of training, place, purpose, and who would provide the instruction. Section four pertained to employment date and salary. It also stated that those selected would be paid while in training. The fifth presented required qualifications for the workers, and section six informed those interested where to make application.

As a third approach, letters requesting assistance in recruiting were sent to various community agencies and associations. Accompanying

each letter were copies of the above mentioned flyers. Whenever it appeared beneficial, personal contacts were made with a representative of the agency. Those community sources contacted included local offices of the state employment service, mental health associations, associations for retarded children, PTA's, school boards, hospital auxiliaries, chambers of commerce, county health departments, neighborhood houses, community action programs, volunteer bureaus, and others.

Recruitment Results

In the recruitment efforts, application blanks were distributed to over 1400 individuals who expressed an interest in being considered for the program. The distribution of assistant and representative applications was approximately equal. Two hundred and thirty-six assistant applications and 151 representative applications were completed and returned. The difference between the number of applications sent out and those returned may appear to be rather large; however, it should be noted that accompanying each application was a copy of the previously mentioned recruitment flyer. In most cases, this was the first time the potential applicant learned of the types of duties to be performed, training, salary, and starting date of the program.

Of the 236 assistant applicants, 34 filed too late for consideration and 13 were disqualified due to age or education. Of the remaining 189, 7 withdrew before testing, 37 failed to appear for testing, and 16 withdrew at testing. One hundred and twenty-nine completed the testing phase of the selection procedure and thereby became bona fide candidates (see Table 1 for disposition of assistant applicants by centers).

Of the 151 representative applicants, 18 filed too late for consideration and 11 were disqualified due to education or residence requirements. The remaining 122 were scheduled for testing. Of this number, 6 withdrew before testing, 15 failed to appear for testing, and 13 withdrew at testing. Eighty-eight completed the testing phase of the selection procedure and thereby became bona fide candidates (see Table 2 for disposition of representative applicants by centers).

The goal of the selection procedure was to appoint 3 assistant and representative trainees for each of 4 experimental centers. In planning both phases, it was decided that a desirable selection would require 10 candidates per position. Accordingly, we attempted to recruit 30 assistant and 20 representative candidates for each center. In both categories, we exceeded our goal in three of the centers and fell short in the fourth. While the area served by the Three Rivers Mental Health Center provided us with the largest number of representative candidates, it provided the smallest number of assistant candidates, 14. In our opinion, the high social-economic level of the area served by this center played a major role in the outcome. Most assistant candidates were women who either worked to

TABLE 1: DISPOSITION OF ASSISTANT APPLICANTS*

Disposition	Each Center				All Centers
	Waverly	West Central	Three Rivers	North Central	
Number of applicants	64	81	24	67	236
Number filed too late.....	9	10	3	12	34
Number disqualified.....	3	6	2	2	13
Number scheduled for testing	52	65	19	53	189
Number withdrew before testing...	3	3	0	1	7
Number failed to show for testing	14	12	2	9	37
Number withdrew at testing.....	4	8	3	1	16
Number of Candidates	31	42	14	42	129

*All individuals who submitted a formal application

TABLE 2: DISPOSITION OF REPRESENTATIVE APPLICANTS*

Disposition	Each Center				All Centers
	Waverly	West Central	Three Rivers	North Central	
Number of applicants	36	36	51	23	151**
Number filed too late.....	5	4	5	4	18
Number disqualified.....	2	3	0	1	11**
Number scheduled for testing	29	29	46	18	122
Number withdrew before testing...	2	0	4	0	6
Number failed to show for testing	3	3	5	4	15
Number withdrew at testing.....	3	2	7	1	13
Number of candidates	21	24	30	13	88

*All individuals who submitted a formal application
**Includes 5 applicants who did not reside in any of the areas served by the centers and were therefore disqualified

support a family or wanted to work to maintain or increase their standard of living. A smaller proportion of such individuals are likely to be found in a high social-economic area. We obtained the smallest number of representative candidates from the area served by the North Central Mental Health Center. This was not surprising when you consider that representative candidates were to be four-year college graduates and the North Central area had no institutions of higher education offering bachelor degrees while the other three areas had six such institutions.

Vital statistics concerning assistant and representative candidates are presented in Table 3 and Table 4 respectively. As anticipated, most assistant candidates were women (90%). For the representatives, a more equal balance of 56% women and 44% men applied. The representative candidates were generally younger than the assistant candidates. Half of the representatives were under 25 years of age, whereas less than one-third of the assistants were in this age category. As would be expected, a larger percentage of the assistants were married and had children than in the case of the representatives. Although the minimum educational requirement for the assistants was high school or the equivalent, 31% of the candidates had completed some college courses. There were 28 different college majors listed on the representative applications. Fifty-one of the representative candidates or 58% had a major in one of the social sciences. The next highest number of candidates majored in the humanities (18).

In order to determine effectiveness of the various recruitment methods, each applicant was requested to indicate how he or she first learned of the program. Responses of the assistants were analyzed separately from those of the representatives. First, all responses were used and then only those of the applicants who eventually became candidates. In the final analysis, the results were basically the same. What was true for the candidates was generally true for all the applicants. Since the candidates were more representative of the intended target populations, their responses are being utilized for this report. After studying the responses and talking with the candidates and members of the selection committees, a number of observations were made.

As can be seen in Tables 5 and 6, the classified advertisement in the "Help Wanted" section of the newspaper produced the largest percentage of the candidates for both types of positions, 45.8% of the assistants and 63.7% of the representatives. This is not surprising considering the fact that most individuals seeking employment read the classified ads. Nevertheless, 20.9% of the representative candidates, most of whom were recent college graduates in active search for employment, indicated that they first learned of the program through the newspaper article. The newspaper article was very valuable in the recruitment of assistants where 35.2% indicated they first learned of the program through this method. We believe this high percentage was due to the fact that many assistant candidates were housewives who were considering returning to work but had not reached the point of reading

TABLE 3: VITAL STATISTICS CONCERNING ASSISTANT CANDIDATES*

Personal Characteristics	Each Center				All Centers
	Waverly	West Central	Three Rivers	North Central	
Number of Candidates	31	42	14	42	129
Sex:					
Male	4	4	0	5	13
Female	27	38	14	37	116
Age:					
21-24	14	13	3	11	41
25-34	9	14	2	15	40
35-44	5	9	4	8	26
45-54	3	6	3	6	18
55-up	0	0	2	2	4
Marital Status:					
Married	19	24	7	33	83
Widowed	0	1	1	1	3
Divorced	5	10	5	4	24
Single	7	7	1	4	19
Number of Children:					
None	12	7	3	14	36
One	6	9	4	8	27
Two	7	8	1	2	20
Three	2	11	3	4	18
Four or more	4	7	3	14	28
Education:					
G.E.D.	6	3	0	9	18
High School Graduate	18	21	8	24	71
Less than one year college	0	8	2	3	13
One year college	5	5	1	3	14
Two years college	2	5	1	2	10
Three years college	0	0	2	1	3

*All applicants who completed the testing phase

TABLE 4: VITAL STATISTICS CONCERNING REPRESENTATIVE CANDIDATES*

Personal Characteristics	Each Center				All Centers
	Waverly	West Central	Three Rivers	North Central	
Number of Candidates	21	24	30	13	88
Sex:					
Male	6	11	13	9	39
Female	15	13	17	4	49
Age:					
21-24	15	9	15	6	45
25-34	6	9	9	6	30
35-44	0	2	3	0	5
45-54	0	4	1	1	6
55-up	0	0	2	0	2
Marital Status:					
Married	9	8	17	9	43
Widowed	0	1	0	0	1
Divorced	3	3	5	0	11
Single	9	12	8	4	33
Number of Children:					
None	18	19	20	10	67
One	3	2	4	1	10
Two	0	2	3	1	6
Three	0	1	1	0	2
Four or more	0	0	2	1	3
College Major:					
Commerce	0	3	2	0	5
Education	1	3	3	1	8
Humanities	5	1	6	6	18
Natural Sciences	0	2	3	1	6
Social Sciences	15	15	16	5	51

*All applicants who completed the testing phase

TABLE 5: HOW ASSISTANT CANDIDATES FIRST LEARNED OF PROGRAM*

Recruitment Methods	Each Center				All Centers
	Waverly	West Central	Three Rivers	North Central	
Newspaper Article.....	31.4%	22.7%	40.0%	47.9%	35.2%
Radio Announcement.....	0	2.3%	0	4.2%	2.1%
Classified Advertisement.....	42.9%	56.8%	53.3%	35.4%	45.8%
Member of Mental Health Board..	8.6%	4.5%	0	0	3.5%
Member of Mental Health Staff..	8.6%	2.3%	6.7%	4.2%	4.9%
Other Agency, Association, Etc.	8.6%	11.4%	0	8.3%	8.5%

*Column totals may not equal 100% due to rounding

TABLE 6: HOW REPRESENTATIVE CANDIDATES FIRST LEARNED OF PROGRAM*

Recruitment Methods	Each Center				All Centers
	Waverly	West Central	Three Rivers	North Central	
Newspaper Article.....	15.0%	25.0%	13.3%	35.3%	20.9%
Radio Announcement.....	0	0	0	0	0
Classified Advertisement.....	75.0%	58.3%	83.3%	23.5%	63.7%
Member of Mental Health Board	0	0	0	5.9%	1.1%
Member of Mental Health Staff..	5.0%	8.3%	0	17.7%	6.6%
Other Agency, Association, Etc.	5.0%	8.3%	3.3%	17.7%	7.7%

*Column totals may not equal 100% due to rounding

classified ads. Another interesting point is that in one center the newspaper articles actually drew more assistant (as well as representative) candidates than the classified ads. Of the candidates for the North Central Center, 47.9% of the assistants responded to the article as compared to 35.4% who replied to the classified ad and 35.3% of the representatives mentioned the article as compared to 23.5% who indicated the classified ad attracted their interest. This was due in part to the fact that newspapers serving the North Central Center area are local papers in which more emphasis is placed on community events whereas the other three center areas are served mainly by a large metropolitan paper which divides its coverage among community, state, national, and international events.

Although the classified ads and newspaper articles combined did attract approximately 81% of the assistant candidates and 84% of the representative candidates, the other four recruitment methods were of significant value to the overall project. Even though the radio releases provided no representative candidates and only 2.1% of the assistant candidates, the announcements did help to inform the community as to types of services which these new workers were to be providing to the public. The same was true of the newspaper articles. This community awareness will assist the new workers in becoming accepted by those they serve. The use of the centers' board members and staffs and the staffs of other community agencies provided 16.9% of the assistant candidates and 15.4% of the representative candidates. Use of these individuals in the recruiting effort definitely will be instrumental in assisting the new workers to become accepted and recognized by their co-workers, program decision makers, and workers of other community agencies. The importance of early involvement of such people in a project of this nature has been emphasized repeatedly in the literature.

Selection Procedures

Staff and advisors of the Community Mental Health Workers Project decided that highly selective procedures should be used in choosing trainees for this program. Individuals selected for all three classifications had to be mature, free of any gross psychopathology, and able to handle stressful situations in an appropriate manner. They had to know their community, see themselves as members of it, and be flexible enough to work with broadbased social-economic, ethnic, cultural, amd interdisciplinary groups. A valid interest in working in the field of mental health and the intellectual abilities necessary to successfully complete the training program was essential. The technicians had to have a specific interest in working directly with clients in a therapeutic role and had to possess the basic therapeutic qualities of accurate empathy, non-possessive warmth, and genuineness. The assistants had to have a specific interest in helping clients obtain services and had to possess the qualities of initiative, persuasiveness, assertiveness, and perseverance.

The representatives had to have a specific interest in working with community leaders and agency representatives in developing and maintaining a mental health service system. The representatives had to have the ability to lead others in a diplomatic manner.

A search of available literature yielded little information on selection procedures used by various educational institutions and mental health agencies recently engaged in training new types of middle-level mental health workers. Of all reviewed projects, selection procedures of the now famous Rioch Study (1960) as reported in Public Health Services Publication No.1254 by the United States Department of Health, Education, and Welfare, appears to have been the most highly selective and successful in choosing individuals for training. Rioch's work was used as a model in developing selection procedures for our three new types of workers. Since selection of technicians was discussed in the previous report of this series, the following will focus only on assistants and representatives.

The selection procedure for both classifications of workers actually began when the completed application was received by the Manpower Commission. In addition to the required general information, each applicant was to submit an autobiographical sketch. In order to assist in preparing the sketch, the following instructions had been provided:

> In 250 words or less, write a personality sketch of yourself, a brief autobiographical note that will be adequate as a description of you as a human person. It may center upon your unique and individual pattern of basic attitudes, aspirations and axieties, your primary assets and limitations, your view of the world and of yourself as a member of a family, local and national community. In short...it should be written to give the essential picture of <u>you</u> to someone who knows nothing about you. Do not write a sketch that is longer than 250 words.

After evaluating applications received and eliminating those obviously not eligible for the program, 189 assistant and 122 representative applicants were scheduled for testing. Assistant applicants were tested in four groups, one for each of the employing centers. Representative applicants for the North Central Center were tested along with assistant candidates for that center. Representative applicants for the remaining three centers were tested as a group.

Each group testing session required approximately eight hours. They began at 8:00 a.m. and, as anticipated, the last candidate finished his or her testing at about 4:45 p.m. One hour was taken for lunch and participants took breaks individually between tests finished at irregular intervals throughout the day. The project director presided at each testing session, and he was assisted by the project research associate - a clinical psychologist. Also present during initial phases of the testing, was the selection committee of the respective centers.

Group testing began with an introduction to the history, objectives, and modus operandi of the project. An overview of the training program(s) and requirements of the project were presented, and an agenda for the day's activities and testing procedures were outlined. At this point, applicants were given an opportunity to ask questions on any aspect of the program. Applicants engaged in considerable discussion in each group. All applicants were informed that they would be required to sign a "Statement of Consent" indicating that the project, its method of operation, procedures, objectives, and reason for the research had been explained fully to them. Non-abdication of rights and confidentiality also were assured in the document. Each group was informed that if anyone was no longer interested in the project he or she should withdraw at this time. A total of 16 assistant and 13 representative applicants withdrew.

Following the overview, each candidate was assigned an identification number and instructed to use the number in place of their name on all tests. Candidates were paired by identification numbers for the purpose of interviewing and introducing each other. Up to this point, no introductions had been made except to introduce the project staff and selection committee. The following instructions were then read aloud:

> Please locate your partner and distribute yourselves in pairs as sparsley as possible in this room. (Pause for pairing). Now, when you hear the word "begin," one partner is to begin interviewing the other with a view to learning all he can in five (5) minutes about his partner so that he can introduce him to the group in such a way that everyone else will know his partner well. At the end of five minutes you will hear the words "switch now." At that time the interviewing will reverse immediately and the interviewee will become the interviewer and the interviewer will become the interviewee. You will continue until you hear the word "stop." Each one of you will be asked later to stand and introduce your partner to the group in a three (3) minute speech.

After the interviewing was completed, each candidate was asked - by randomly selecting identification numbers - to introduce his partner. At the end of each individual introduction, the candidate was rated by the center's selection committee and the project director. A seven-point scale, ranging from much below average to much above average, was used to ascertain, on the basis of the raters' composite judgment, the degree to which the candidate met desirable qualities in ten general areas. The areas were: 1) personal appearance; 2) sociability; 3) maturity; 4) tact; 5) poise; 6) eye contact; 7) appropriate affect; 8) self-expression; 9) language usage; and 10) positive impression upon the rater.

The raters were always in the view of the candidate, and the candidates knew they were being rated. They were not told the ten points on which they were being rated. The scales were scored later and the mean score of the four rating sheets became the candidates' paired

introduction score. Upon completion of this activity, the center's selection committee was free to leave and the project staff completed the testing activities.

Assistant candidates were administered the Wonderlic Personnel Test Form V to assess their general intellectual abilities. Since representative candidates generally had completed four years of college, they were not given the Wonderlic. Representative candidates were administered the Leadership Ability Evaluation (L.A.E.). The L.A.E. is an instrument developed by Russell N. Cassel, Ed.D. and Edward J. Stancik, M.A. and published by Western Psychological Services. The L.A.E. attempts to assess the decision making pattern or social climate created by a person when he functions as a leader in influencing other persons or groups.

Both assistant and representative candidates were administered the following instruments:

The Community Adaptation Schedule Form 5A (C.A.S.). The C.A.S. is an instrument developed by R. Roen Sheldon, Ph.D. and Alan J. Burnes, Ed.D. published by Behavioral Publications, Inc. The schedule attempts to measure a person's perception of his community, his effects toward it, and his behavior in it. Response to the 217 items are in relation to a six-point scale; each point defined by a word or phrase relevant to the question asked. The subject chooses the number above the answer that best fits him; the higher the number, the better the adaption. The schedule was used again as a re-test measure for change in attitude near the end of training.

The Kuder Preference Record Vocational, Form CH. The Kuder was administered for assistance in evaluating the varying degrees of interest manifested by the candidate in vocational categories considered to be conducive to comfortable adjustment in the field of mental health services. We were interested primarily in scores earned in the areas of "Social Service" and "Persuasive."

The Minnesota Multiphase Personality Inventory and the Sentence Completion Test. These were administered primarily for the purpose of detecting any possible gross psychopathology and assessment of ego strength. Therefore, unless extreme pathological tendencies were manifested in these protocols, the test results were taken at face value as supporting evidence of ability to function psychologically within the range of average deviation. Any obvious pathological manifestations were checked out through interviews and reference sources.

The Adorno "F" Scale. In order to better assess flexibility vs. rigidity quality in the candidate's personality and to evaluate his potential for working with broad-based socio-economic, ethnic, cultural, and interdisciplinary groups, we administered the Adorno "F" Scale. This scale was developed by Dr. T.W. Adorno and his associates (1950) in their studies of "Authoritarian Personality." Thirty items responded to

on a seven-point rating scale are assumed to measure such qualities as rigidity and conventionalism; authoritarianism, both submissive and aggressive; degree of tender mindedness; superstition and stereotypy; attitudes about emotional impulses and to exaggerate concern with sexual matters. Again, no cut-off point was adopted, and the scale was used more to alert the evaluators to the possible presence of extreme attitudes which would be checked if the protocol otherwise indicated a strong potential trainee.

In the last phase of the group meeting, each candidate was asked to complete a "probem situation" assignment by formulating and writing out a brief solution for a specific problem. The problem was presented as follows:

> Suppose you should find yourself stangely but strongly hostile (angry) toward another person over a period of time. You cannot understand why. In consideration of prevailing circumstances you feel just as strongly that you cannot manifest any outward expression of these feelings for fear of severe social disapproval.

Responses were rated on a seven-point scale with values ranging from zero to six. The higher the rating the more desirable the response. Variables on the rating scale were: 0) no response; 1) complete denial; 2) recognition as a problem with no insight; 3) recognition as a problem with some insight; 4) avoidance as method of handling; 5) sublimation as method of handling; and 6) willingness to seek professional help if no solution was reached. We were looking for persons who could perceive meaning beyond words and whose defensiveness would not hamper participation in the team approach to problem solving.

Upon completion of testing, selection instruments were scored and/or evaluated and placed in each candidate's individual folder. The folders, which also included the candidate's application, were delivered to the appropriate center selection committee. Based on information contained in the folders, each committee identified the ten candidates they considered to be the most potential assistant trainees and the ten most potential representative trainees. Each selection committee then submitted the names of these individuals to the project director so that a personal interview could be scheduled for each of the selected candidates.

Before the individuals were notified to report for interviews, the project staff reviewed folders of all candidates to determine if the staff differed with the committees' selections. The staff used a comparison matrix in reviewing each folder. The matrix compared those candidates chosen by the center's committee with those the staff thought might warrant further consideration. Fifteen variables believed to be crucial to objectives of the project comprised the matrix. Fourteen variables were common to the assistants and representatives: age, marital status, number and ages of children, amount and area of education, length of residence in area to be served, employment record, amount and type of

community involvement, community adaptation, paired introduction ranking, MMPI profile, sentence completion profile, vocational profile, rigidity profile, and application profile. The assistants' matrix included I.Q. and the representatives' matrix included leadership ability. In plotting the matrix, one of three values was assigned to each variable: plus (+), zero (o), or minus (-). If a candidate were judged to be especially qualified on a particular variable, he was rated plus in that area. If he were judged to be less than average, he was rated minus. Average evaluation was assigned a value of zero. After completion of the ratings, all values of each candidate were totaled to arrive at a sum. Each matrix generally substantiated judgments of the selection committee. Differences were minor and further discussion with the selection committees resulted in only one modification. In one particular case, the selection committee agreed to interview one additional candidate.

The last phase of selection consisted of personal interviews with the final candidates. Interviews were conducted by the appropriate center's selection committee, the project director, and the project staff member who would be coordinating training and placement for the particular type of worker. In each interview, an attempt was made to determine to what extent the candidate possessed qualities considered necessary to function in the designed classification. For assistant candidates, specific attention was directed to such basic qualities as initiative, persuasiveness, assertiveness, and perseverence. For representative candidates, specific attention was directed to such basic qualities as self confidence, sociability, tact, poise, and self-expression.

After all candidates were interviewed, the total accumulated information was considered by the selection committee. Candidates were listed in order of choice with top ranked individuals being invited to become trainees.

Selection Results

In the original study proposal, we projected the appointment of one representative and three assistant trainees for each of the four experimental centers. After completion of training, we planned to place the representatives and two of each set of three assistants in their respective centers for the project's employment phase. The third assistant trainee for each center was an alternate who would be used in the employment phase only if one of the first two did not complete the training program. The alternate was informed at appointment that if at completion of training she was still an alternate we would make every effort to place her somewhere in the mental health field.

As a result of the selection procedures, eight representative trainees and eleven of the planned twelve assistant trainees were appointed. We were unable to appoint an assistant alternate for the

North Central Center in time for the beginning of training. Although we had a number of qualified candidates, all were employed at the time and did not want to take the chance of being unemployed at the completion of the training program. Since we could not guarantee positions for alternates, we respected their judgment and did not encourage them to accept an appointment to the project. After training, one alternate replaced an original assistant who failed to complete the training program, a second alternate was appointed to a position with a center's drug program, and the remaining alternate, who had two small children, decided not to seek employment at that time.

Of the eight representatives, five are men and three are women. At time of application two were in their early 20's, four in their late 20's, one in his early 30's, and one in her early 40's. Five were married (now six), one divorced, and two were single. Of the three women, one had no children, one had two pre-schoolers, and the third had four teenagers. All representatives were employed or had been recently employed when they made application. Three were teachers and one - who had been a teacher - was operating a farm when appointed. Other representatives were employed as an inventory comptroller, a VISTA program director, a special mold maker, and a business manager for a state park. College majors included two in Psychology, two in Sociology, and one each in English literature, English, French, and Political Science.

All eleven assistants are women. At time of application the ages ranged from 23 through 48 with a mean average of 35. Eight were married, two were divorced, and one was widowed. One had no children, two had pre-schoolers, one had three young school aged children, and seven had teenagers. Ten had high school diplomas and one a G.E.D. In addition, one had completed 70 hours of college, one 48 hours, and one 13 hours. Seven were housewives at the time they applied; however, all seven previously had been employed. Of the four employed at the time of application, one was a practical nurse, one a cook at a community house, one a cashier, and the fourth was a substitute teacher and bus driver for a mental retardation program.

The technicians, representatives, and assistants entered the work phase on June 1, 1972, June 26, 1972, and July 1, 1972, respectively. To date we have lost only one worker, a technician. Without a doubt, the new workers have undertaken the challenging task of developing new and untested roles within organizations which are themselves relatively new and continuously attempting to improve their methods of delivering services to the communities they serve. The workers have had moments of great satisfaction as well as dissatisfaction. As a result of this and in spite of it, the workers have retained and increased the drive and interest they brought to the program. Their performance has been continuously praised by their supervisors. At this point in the project, it appears that in almost all cases the selection procedures succeeded in choosing workers capable of being trained and able to function as middle-level workers in community mental health programs.